

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089
		<b>2011</b>
		<b>This Form is Open to Public Inspection</b>

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>12/31/2008</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information						
<b>1a</b> Name of plan GREAT AMERICAN APPETIZERS, INC. 401(K) PLAN	<table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td>02/01/2005</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	001	<b>1c</b> Effective date of plan	02/01/2005		
<b>1b</b> Three-digit plan number (PN) ►	001						
<b>1c</b> Effective date of plan	02/01/2005						
<b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)  GREAT AMERICAN APPETIZERS, INC.  216 8TH STREET NORTH NAMPA, ID 83687	<table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td>20-1367916</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number</td> <td>208-465-5111</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td>311400</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN)	20-1367916	<b>2c</b> Sponsor's telephone number	208-465-5111	<b>2d</b> Business code (see instructions)	311400
<b>2b</b> Employer Identification Number (EIN)	20-1367916						
<b>2c</b> Sponsor's telephone number	208-465-5111						
<b>2d</b> Business code (see instructions)	311400						

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/27/2012	ELLEN MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)  
v.012611

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") GREAT AMERICAN APPETIZERS, INC.  216 8TH STREET NORTH NAMPA, ID 83687	<b>3b</b> Administrator's EIN 20-1367916  <b>3c</b> Administrator's telephone number 208-465-5111
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	215
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	228
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	8
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	236
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	236
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	41
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	4

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** 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 2K

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**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) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

<b>SCHEDULE A</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>  ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <hr/> <b>2011</b>  <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

<b>A</b> Name of plan <b>GREAT AMERICAN APPETIZERS, INC. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT AMERICAN APPETIZERS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-1367916</b>	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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**1** Coverage Information:

(a) Name of insurance carrier

**THE LINCOLN NATIONAL LIFE INSURANCE CO**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP34246	41	01/01/2008	12/31/2008

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1018	0

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

**LINSCO/PRIVATE LEDGER CORP**  
**PO BOX 509026**  
**SAN DIEGO, CA 92150**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1018			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	75849
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	248343

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
(2) Dividends and credits .....	<b>7c(2)</b>	
(3) Interest credited during the year .....	<b>7c(3)</b>	
(4) Transferred from separate account .....	<b>7c(4)</b>	
(5) Other (specify below) .....	<b>7c(5)</b>	
(6) Total additions .....		<b>7c(6)</b>
<b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account .....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
(5) Total deductions .....		<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received.....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve.....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	
(4) Claims charged.....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees.....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs.....	<b>9c(1)(C)</b>		
(D) Other expenses.....	<b>9c(1)(D)</b>		
(E) Taxes.....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges.....	<b>9c(1)(G)</b>		
(H) Total retention.....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		<b>9d(1)</b>	
(2) Claim reserves.....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

<b>A</b> Name of plan <u>GREAT AMERICAN APPETIZERS, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT AMERICAN APPETIZERS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-1367916</u>	

Part I	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA14 SHORT TERM</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INS CO</u>				
<b>c</b> EIN-PN <u>35-0472300-114</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>92534</u></span>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA92 GOVERNMENT/CORPORATE BOND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INS CO</u>				
<b>c</b> EIN-PN <u>35-0472300-112</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>13530</u></span>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA92 AC VP INFLATION PROTECT</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INS CO</u>				
<b>c</b> EIN-PN <u>35-0472300-192</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1990</u></span>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA20 HIGH YIELD BOND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INS CO</u>				
<b>c</b> EIN-PN <u>35-0472300-120</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3779</u></span>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA32 AGGRESSIVE BALANCED</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INS CO</u>				
<b>c</b> EIN-PN <u>35-0472300-132</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3385</u></span>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA19 ALL BERNSTEIN GR &amp; INC</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INS CO</u>				
<b>c</b> EIN-PN <u>35-0472300-119</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>4429</u></span>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA49 AFIS GROWTH AND INCOME</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INS CO</u>				
<b>c</b> EIN-PN <u>35-0472300-149</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2195</u></span>		

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA21 BALANCED</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-121</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>980</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA30 CONSERVATIVE BALANCED</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-130</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11456</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA55 LVIP COHEN&amp;STEERS GLOBAL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-155</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4986</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SATG 401K TOOLBOX MANAGED GROWT</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-707</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11270</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA28 VALUE EQUITY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-128</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>593</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA48 AFIS GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-148</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4269</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA54 AFIS INTERNATIONAL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-154</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5636</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA34 AFIS GLOBAL GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-134</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>202</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SATM 401K TOOLBOX MANAGED MOD</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-706</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9144</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LNL SA11 CORE EQUITY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE LINCOLN NATIONAL LIFE INS CO</b>		
<b>c</b> EIN-PN <b>35-0472300-111</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3827</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMALL CAP			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-156	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2564

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP II CONTRAFUND			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-135	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7313

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA58 FIDELITY VIP GROWTH			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-158	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	433

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 INTERNATIONAL EQUITY			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-122	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9695

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 LARGE CAPITALIZATION EQUIT			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-123	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-167	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	659

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27 LVIP S&P 500 INDEX			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-127	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11484

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-184	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2044

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA17 MEDIUM CAPITALIZATION EQ			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-117	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3518

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA37 NEUBERGER BERMAN MID CAP			
<b>b</b> Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO			
<b>c</b> EIN-PN 35-0472300-137	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1624

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SMALL CAP INDEX VIP**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO

<b>c</b> EIN-PN 35-0472300-136	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6023
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SMALL CAPITALIZATION EQUIT**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO

<b>c</b> EIN-PN 35-0472300-124	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9117
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA57 FIDELITY VIP EQUITY-INCOME**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO

<b>c</b> EIN-PN 35-0472300-157	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5041
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLACKROCK MID-CAP VALUE EQ**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO

<b>c</b> EIN-PN 35-0472300-183	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7339
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5 LVIP SSGA INTL INDEX**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO

<b>c</b> EIN-PN 35-0472300-708	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3394
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INS CO

<b>c</b> EIN-PN 35-0472300-709	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3890
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>12/31/2008</u>		
<b>A</b> Name of plan <u>GREAT AMERICAN APPETIZERS, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px;">001</div>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT AMERICAN APPETIZERS, INC.</u>	<b>D</b> Employer Identification Number (EIN)  <u>20-1367916</u>	

Part I Asset and Liability Statement			
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		1980
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	434578	248343
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	6849	75849
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	441427	326172

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	11813	9834
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	11813	9834

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	429614	316338
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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: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	15601	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	73664	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		89265

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

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

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

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

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		-109310
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		1091
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		-18954

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	90336	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		90336
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		3333
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>	653	
(4) Other .....	<b>2i(4)</b>		
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		653
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		94322

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-113276
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: EIDE BAILLY LLP

(2) EIN: 45-0250958

**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
<b>a</b> 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.).....	<input checked="" type="checkbox"/>		74920
<b>b</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.).....		<input checked="" type="checkbox"/>	
<b>c</b> 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.) .....		<input checked="" type="checkbox"/>	
<b>d</b> 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.).....		<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?.....	<input checked="" type="checkbox"/>		45000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		<input checked="" type="checkbox"/>	
<b>g</b> 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? .....		<input checked="" type="checkbox"/>	
<b>h</b> 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? .....		<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<input checked="" type="checkbox"/>		
<b>j</b> 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.).....	<input checked="" type="checkbox"/>		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> 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. ....			
<b>4n</b>			

- 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)

**FINANCIAL STATEMENTS  
DECEMBER 31, 2008 AND 2007**

**GREAT AMERICAN APPETIZERS, INC.  
401(k) PLAN**

## **GREAT AMERICAN APPETIZERS, INC. 401(k) PLAN**

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## INDEPENDENT AUDITORS' REPORT

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To the Plan Administrators  
Great American Appetizers, Inc. 401(k) Plan  
Nampa, Idaho

We were engaged to audit the financial statements and supplemental schedules of Great American Appetizers, Inc. 401(k) Plan (the Plan) as of December 31, 2008 and 2007, and for the year ended December 31, 2008 as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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 5, which was certified by Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the 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 as of December 31, 2008 and 2007, and for the year ended December 31, 2008 that the information 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, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 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.

A handwritten signature in cursive script that reads "Eide Bailly LLP".

Boise, Idaho  
October 12, 2009

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**GREAT AMERICAN APPETIZERS, INC. 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2008 AND 2007**

	<u>2008</u>	<u>2007</u>
<b>ASSETS</b>		
Investments		
Pooled separate accounts	\$ 248,343	\$ 434,579
Unallocated insurance contracts	<u>75,849</u>	<u>6,849</u>
Total investments	<u>324,192</u>	<u>441,428</u>
Contributions receivable		
Employee	<u>1,980</u>	<u>-</u>
Total assets	<u>326,172</u>	<u>441,428</u>
<b>LIABILITIES</b>		
Accounts payable	<u>9,834</u>	<u>15,127</u>
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	 <u><u>\$ 316,338</u></u>	 <u><u>\$ 426,301</u></u>

**GREAT AMERICAN APPETIZERS, INC. 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2008**

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**INVESTMENT (LOSS)**

Net depreciation in fair value of investments	\$ (108,695)
Interest	475
Total investment (loss)	<u>(108,220)</u>

**CONTRIBUTIONS**

Employee	73,664
Employer	15,601
Total contributions	<u>89,265</u>

**DEDUCTIONS**

Withdrawals and benefit payments	90,356
Administrative expenses	652
Total deductions	<u>91,008</u>

<b>NET DECREASE</b>	<b>(109,963)</b>
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**NET ASSETS AVAILABLE FOR BENEFITS,  
BEGINNING OF YEAR**

426,301

**END OF YEAR**

\$ 316,338

**GREAT AMERICAN APPETIZERS, INC. 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2008 AND 2007**

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**NOTE 1 - DESCRIPTION OF PLAN**

The following brief description of the Great American Appetizers, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

*General*

The Plan is a defined contribution plan established on February 1, 2005, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Great American Appetizers, Inc. is the plan administrator, Lincoln National Life Insurance Company is the trustee of the Plan and Lincoln Financial Group is the third-party record keeper.

*Eligibility*

Employees are eligible to participate in the Plan if they have completed six months of service and are 21 years of age. Six months of service for purposes of eligibility is a consecutive 6-month period during which the employee has 500 or more hours of service.

*Entry Date*

Employees may enter the Plan on January 1 or July 1 following the date on which the employee meets the eligibility requirements.

*Contributions*

Participating employees contribute an amount each pay period as provided for in their participation agreement. Employees may contribute up to 15% of their compensation or up to \$15,500 for 2008.

Employer matching contributions are made on a discretionary basis at a rate determined by the Employer annually. For the year ended December 31, 2008, the Employer has elected to make matching contributions to the participants' accounts up to a maximum of 25% of the first 6% of the employee contribution or 1.5% of the participant's annual pretax compensation, whichever is less.

*Plan Benefits*

A participant is entitled to benefits as soon as administratively possible after one of the following events:

- a. The date on which the participant attains age 65
- b. Disability
- c. Termination of employment
- d. Hardship

For participants with vested account balances, the payment will be in the form of a lump sum payment as defined in the plan document.

## NOTES TO THE FINANCIAL STATEMENTS

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### *Death Benefit*

The designated beneficiary is entitled to a death benefit distribution equal to the participant's vested account balance.

### *Loans*

Loans are not permitted in this Plan.

### *Participant Accounts*

Each participant's account is credited with the participant's contributions and an allocation of (Great American Appetizers Inc.'s (the Company's) contribution and plan earnings. Allocations are based on participant deferrals, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### *Investment Options*

Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the funds covered by the Plan. Participants may change their investment options daily.

### *Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer matching contribution and related earnings is based on years of continuous service as follows:

<u>Participants Years of Service</u>	<u>Non-Forfeitable Percentage</u>
2	20%
3	40%
4	60%
5	80%
6 or more	100%

### *Forfeitures*

Forfeitures are used to reduce the employer's contribution. In the current year, \$1,987 of forfeited contributions was used to reduce the employer's contributions. The ending forfeiture balance for 2008 and 2007 are \$21,064 and \$15,527, respectively.

### *Plan Termination*

In the event of the termination of the Plan, the net assets of the fund will be allocated as prescribed by ERISA and regulations issued pursuant thereto. The participants become 100% vested and vested benefits would be paid in full to ascertainable participants and beneficiaries. The Company reserves the right to terminate the Plan at any time.

## NOTES TO THE FINANCIAL STATEMENTS

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### *Risks and Uncertainties*

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

## **NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES AND USE OF ESTIMATES**

### *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual basis of accounting.

### *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. Fair value 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. See Note 4 for discussion of fair value measurements. The unallocated insurance contracts are not fully benefit-responsive and are reported at fair value based on quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on the investments bought and sold as well as held during the year.

### *Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, at the date of the financial statements. Actual results could differ from those estimates.

### *Payments of Benefits*

Benefits are recorded when paid.

### *Administrative Expenses*

The plan sponsor pays certain administrative fees of the Plan.

## NOTES TO THE FINANCIAL STATEMENTS

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### NOTE 3 - INVESTMENTS

The Plan investments which exceed 5% of the Plan's net assets as of December 31, 2008 and 2007, are as follows:

	2008	2007
Short-Term	\$ 92,534	\$ 111,449
Guaranteed Account	75,849	**
American International	**	19,836
Delaware VIP Small Cap	**	23,593
Fidelity VIP Equity-Income	**	26,184
Fidelity VIP Growth	**	26,176
BlackRock Mid-Cap Value Equity	**	33,353

\*\* Investment did not constitute 5% of Plan net assets

Net depreciation in fair value of \$108,695 of investments is related to the pooled-separate accounts.

### NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement No. 157, Fair Value Measurements (FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. That hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## NOTES TO THE FINANCIAL STATEMENTS

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Following is a description of the valuation methodologies used for assets measured at fair value.

*Pooled Separate Accounts:* The underlying assets are valued using quoted market prices.

*Unallocated Insurance Contracts:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes 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 result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 248,343	\$ -	\$ 248,343
Unallocated insurance contracts	-	-	75,849	75,849
Total assets at fair value	<u>\$ -</u>	<u>\$ 248,343</u>	<u>\$ 75,849</u>	<u>\$ 324,192</u>

The table below sets for a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2008:

	Unallocated Insurance Contracts
Balance, beginning of year	\$ 6,849
Purchases, sales, issuances and settlements (net)	68,087
Total gains or losses	913
Balance, end of year	<u>\$ 75,849</u>

### NOTE 5 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from the trustee of the Plan as of December 31, 2008 and 2007 and for the year ended December 31, 2008, that all investment information provided by the trustee is complete and accurate. Information included in the accompanying financial statements as to investments in the trust fund administered by the trustee, investment income and all investment information in the supplemental schedule is presented in reliance solely upon those certifications.

## NOTES TO THE FINANCIAL STATEMENTS

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### NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Employer by letter dated August 2, 2007, that the Plan and related trust, as originally adopted on February 1, 2005, are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operating in compliance with the applicable requirements of the IRC.

### NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of pooled separate accounts managed by Lincoln National Life Insurance Co. Lincoln National Life Insurance Co. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

### NOTE 8 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2008, the Plan entered into a benefit-responsive investment contract with Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The Plan invests in non-benefit responsive investment contracts with Lincoln National Life Insurance Company (Lincoln). The contracts are reported at fair value. Funds withdrawn prior to contract maturity are subject to a market adjustment from contract value. Participants receive the lesser of contract value or market value. Contract value represents contributions made under the contract, plus interest at a specified rate as determined by Lincoln. There are no reserves against contract value for credit risk or the contract issuer or otherwise. The actual earnings and crediting interest rates are listed below.

<i>Average Yields:</i>	<b>2008</b>	<b>2007</b>
Based on actual earnings	<b>4.00%</b>	4.00%
Based on interest rate credited to participants	<b>4.00%</b>	4.00%

### NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<b>2008</b>	<b>2007</b>
Net assets available for plan benefits per the financial statements	<b>\$ 316,338</b>	\$ 426,301
Add back accounts payable for corrective distribution	-	3,313
Net assets available for plan benefits per Form 5500	<b><u>\$ 316,338</u></b>	<b><u>\$ 429,614</u></b>

## NOTES TO THE FINANCIAL STATEMENTS

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The following is a reconciliation of net loss per the financial statements for the year ended December 31, 2008 to Schedule H of Form 5500:

Net loss per the financial statements	\$ (109,963)
Corrective distribution	<u>(3,313)</u>
Net loss per Form 5500	<u><u>\$ (113,276)</u></u>

**GREAT AMERICAN APPETIZERS, INC. 401(k) PLAN**

***SUPPLEMENTARY INFORMATION***

**GREAT AMERICAN APPETIZERS, INC. 401(k) PLAN**  
**EIN: 20-1367916 PLAN NUMBER 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2008**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Pooled Separate Accounts			
	AFIS Global Growth	Mutual Fund	**	\$ 202
	Aggressive Balanced	Mutual Fund	**	3,385
	Alliance VPS Bernstein Growth and Income	Mutual Fund	**	4,429
	American Growth	Mutual Fund	**	4,269
	American Growth and Income	Mutual Fund	**	2,195
	American International	Mutual Fund	**	5,636
	Balanced	Mutual Fund	**	980
	BlackRock Mid-Cap Value Equity	Mutual Fund	**	7,339
	Cohen & Steers	Mutual Fund	**	4,986
	Conservative Balanced	Mutual Fund	**	11,456
	Core Equity	Mutual Fund	**	3,827
	Delaware VIP Small Cap	Mutual Fund	**	2,564
	Fidelity VIP ContraFund	Mutual Fund	**	7,313
	Fidelity VIP Equity and Income	Mutual Fund	**	5,041
	Fidelity VIP Growth	Mutual Fund	**	433
	Fidelity VIP Mid Cap	Mutual Fund	**	2,044
	Government/Corporate Bond	Mutual Fund	**	13,530
	High Yield Bond	Mutual Fund	**	3,779
	Inflation Protect	Mutual Fund	**	1,990
	International Equity	Mutual Fund	**	9,695
	Medium Capitalization Equity	Mutual Fund	**	3,518
	MFS VIT Utilities Series	Mutual Fund	**	660
	Neuberger Berman Mid-Cap Growth	Mutual Fund	**	1,624
	S&P 500 Index	Mutual Fund	**	11,484
	Short Term	Mutual Fund	**	92,533
	Small Capitalization Equity	Mutual Fund	**	9,117
	SSgA Bond Index	Mutual Fund	**	3,890
	SSgA International Index	Mutual Fund	**	3,394
	SSgA Small Cap Index	Mutual Fund	**	6,023
	Toolbox Mgd Growth	Mutual Fund	**	11,270
	Toolbox Mgd Moderate	Mutual Fund	**	9,144
	Value Equity	Mutual Fund	**	593
	Guaranteed Fixed	Unallocated insurance contract	**	75,849
Total Investments				<u>\$ 324,192</u>

\* Related Party

\*\* Cost information not required

GREAT AMERICAN APPETIZERS, INC. 401(k) PLAN  
EIN: 20-1367916 PLAN NUMBER 001  
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
DECEMBER 31, 2008

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions
Great American Appetizers, Inc. 401(k) Plan	\$ 74,920	\$ 74,920

**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Service Provider Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2008**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan GREAT AMERICAN APPETIZERS, INC. 401(K) PLAN	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 GREAT AMERICAN APPETIZERS, INC.	<b>D</b> Employer Identification Number 20-1367916

**Part I Service Provider Information (see instructions)**

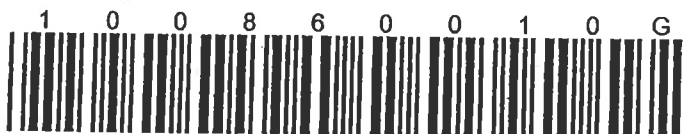
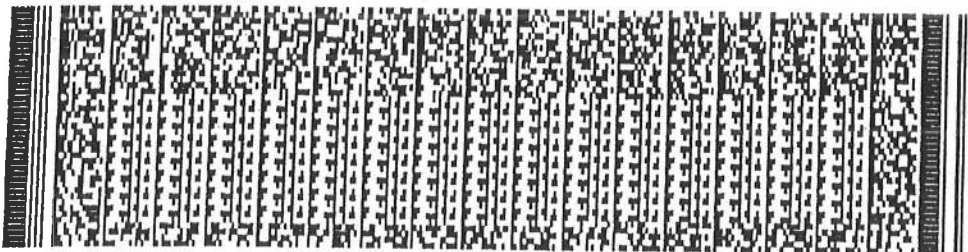
- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: ..... **1** 653
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
		Contract administrator	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
			12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

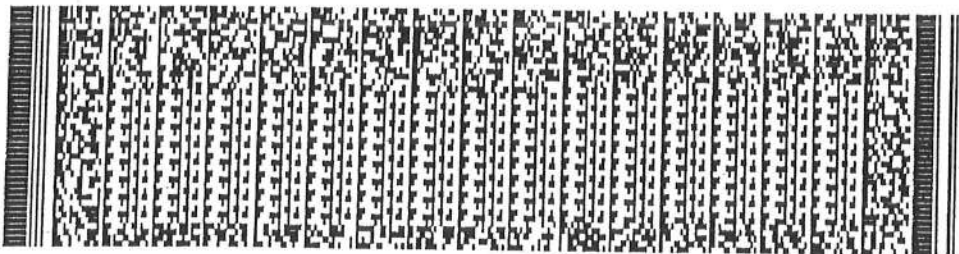
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule C (Form 5500) 2008



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



**Part II** Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

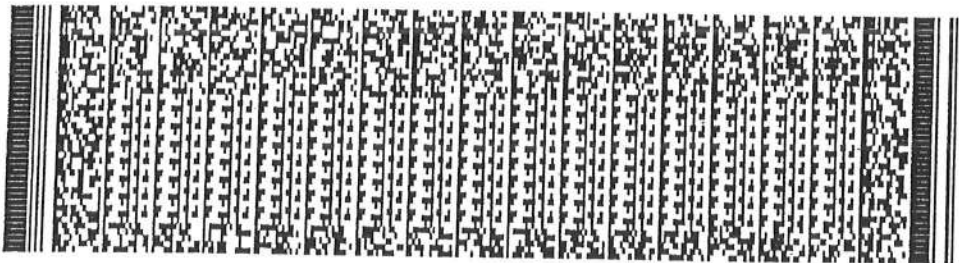
(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_



**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 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).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2008**

**This Form is Open to  
Public Inspection.**

For calendar year 2008 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** Name of plan  
GREAT AMERICAN APPETIZERS, INC. 401(K) PLAN

**B** Three-digit  
plan number ► 001

**C** Plan sponsor's name as shown on line 2a of Form 5500  
GREAT AMERICAN APPETIZERS, INC.

**D** Employer Identification Number  
20-1367916

**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. ....
- 2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 35-0472300

**1** \$

**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 7.
- 5** If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ..... 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.

**6a** 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 7 and 8 and complete line 9.

- 7** 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**

- 8** 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. (See instructions.) ..... ☐ Increase ☐ Decrease ☐ No

**Part IV Coverage (See instructions.)**

- 9** Check the box for the test this plan used to satisfy the coverage requirements .... ☒ ratio percentage test ☐ average benefit test

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