Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number CONVENIENT FOOD MART #148, INC. RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 06/01/1995 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CONVENIENT FOOD MART 148, INC. 61-0878548 (EIN) 2c Sponsor's telephone number 859-272-8400 155 EAST REYNOLDS ROAD LEXINGTON, KY 40517 2d Business code (see instructions) 445120 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 61-0878548 155 EAST REYNOLDS ROAD CONVENIENT FOOD MART 148, INC. LEXINGTON, KY 40517 3c Administrator's telephone number 859-272-8400 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 11 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 701179 660699 Total plan assets..... 7a 0 7b Total plan liabilities..... 701179 660699 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -18480 **b** Other income (loss)..... 8b -18480 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с

8d

8e

8f

8g

8h

8i

Benefits paid (including direct rollovers and insurance premiums

Certain deemed and/or corrective distributions (see instructions) ...

Administrative service providers (salaries, fees, commissions).......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

to provide benefits).....

22000

-40480

22000

0

0

0

0

Form	5500-	SF	201

Page 2 -	1
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Part IV	Plan	Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

 2A 2E 2G 2R
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	rt V Compliance Questions							
0				Yes	No		Amount	
а	a Was there a failure to transmit to the plan any pa	articipant contributions within the time period described in L's Voluntary Fiduciary Correction Program)	10a		X			
b	· · · · · · · · · · · · · · · · · · ·	y party-in-interest? (Do not include transactions reported	10b		X			
С	c Was the plan covered by a fidelity bond?		10c		X			
d	•	sed by the plan's fidelity bond, that was caused by fraud	10d		X			
е	insurance service or other organization that prov	ers, agents, or other persons by an insurance carrier, rides some or all of the benefits under the plan? (See	10e	X				7
f	f Has the plan failed to provide any benefit when o	due under the plan?	10f		X			
g	g Did the plan have any participant loans? (If "Yes	," enter amount as of year end.)	10q		X			
h	h If this is an individual account plan, was there a 2520.101-3.)	blackout period? (See instructions and 29 CFR	10h		X			
i	,	either provided the required notice or one of the 29 CFR 2520.101-3	10i					
art	rt VI Pension Funding Compliance			•	•			
11	Is this a defined benefit plan subject to minimum	funding requirements? (If "Yes," see instructions and com					☐ Ye	es X No
lf y	granting the waiverlf you completed line 12a, complete lines 3, 9, an	e below, as applicable.) a prior year is being amortized in this plan year, see instruction	th	——				
	·	the plan for this plan year			12c			
	d Subtract the amount in line 12c from the amount	in line 12b. Enter the result (enter a minus sign to the left	of a		12d			
е	Will the minimum funding amount reported on lin	e 12d be met by the funding deadline?		 		Yes	No	N/A
art	rt VII Plan Terminations and Transfer	rs of Assets						
3a	Has a resolution to terminate the plan been adopted	l in any plan year?			\ \ \	Yes X N	0	
		t reverted to the employer this year		За				
b		ts or beneficiaries, transferred to another plan, or brought		the co	ontrol		Ye	es X No
С	If during this plan year, any assets or liabilities w which assets or liabilities were transferred. (See	ere transferred from this plan to another plan(s), identify the instructions.)	ne pla	n(s) to)			
1	13c(1) Name of plan(s):			13	c(2) El	IN(s)	13c	(3) PN(s)
		of this return/report will be assessed unless reasonab						
Jnde	der penalties of perjury and other penalties set forth	in the instructions, I declare that I have examined this retu	ırn/re	port, ir	ncludin	g, if applica	ble, a So	chedule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/09/2012	JOSEPH E. WHITE, SR.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/09/2012	JOSEPH E. WHITE, SR.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Leber Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	sion Benefit Guaranty Corporation	➤ Complete all entries in accorda	ance with th	e instructions to the Form 5500-5	SF.
Par		dentification Information			
For the	calendar plan year 2011 or f		01/01/2		12/31/2011
A Thi	is return/report is for:	x a single-employer plan	a multiple-em	ployer plan (not multiemployer)	a one-participant plan
_	is return/report is:	the first return/report	the final retur	n/report -	
) III	is returning open is:			ear return/report (less than 12 month	le
C Ch	eck box if filing under:	∐ Form 5558 ∐ *	automatic ext	ension	DFVC program
	+	special extension (enter description)			
Par	Basic Plan Info	rmation enter all requested inform	nation.		
	lame of plan				1b Three-digit
		#148, INC. RETIREMENT PLAN	3	1	plan number (PN) ► 001
·	CONARNIENT ROOD WYKI	#148, INC. KEIIREMENI FER		i i	1C Effective date of plan
		•			· 06/01/1995
22 5	Plan enongor's name and add	ress; include room or suite number (emp	olover, if for s	ingle-employer plan)	2b Employer Identification Number
- (CONVENIENT POOD MART	#148, INC.	•		(EIN) 61-0878548
				· [2c Plan sponsor's telephone number
					(859) 272-8400
	155 Bast Reynolds Ro	AD			2d Business code (see instructions)
		KY 40517			445120
	LEXINGTON	address (If same as plan sponsor, ente	er "Same")		3b Administrator's EIN
	SAME	and the second are present and the second are the s	•		
				<u> </u>	3c Administrator's telephone number
					7 Administration of Long Process
4	If the name and/or EIN of the	plan sponsor has changed since the las	t return/repo	t filed for this plan, enter the	4b EIN
	name, EIN, and the plan num	ber from the last return/report.			4c PN
<u>a</u>	Sponsor's Name	at the beginning of the plan year	• • • •		5a 11
5a	Total number of participants	at the end of the plan year			5b 11
b	Total number of participants with a	ccount balances as of the end of the pla	n year (defin	ed benefit plans do not	_
	complete this item\				5c 9
6a	Were all of the plan's assets	during the plan year invested in eligible a	assels? (See	instructions.)	XYes ☐No
b	Are you claiming a waiver of	the annual examination and report of an	independen	qualified public accountant (IQPA)	X Yes No
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility and	a conditions.	nd must instead use Form 5500	
2 - 1 N		her 6a or 6b, the plan cannot use For	n souvor a	in hings histead use Form 3350.	
Pa	till Financial Infor	mation		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities				660,699
а	Total plan assets		. 7a	701,179	0
b	Total plan liabilities		· 7b	0	
C	Net plan assets (subtract line	7b from line 7a)	. 7c	701,179	660,699
8	Income, Expenses, and Tran		西班的	(a) Amount	(b) Total
а	Contributions received or rec	eivable from:	. 8a(1)	0	
	(1) Employers		. 8a(2)	0	
	(2) Participants	•		0	
	(3) Others (including rollove		. 8a(3)	(18,480)	
b	Other income (loss)			(10,400)	(18,480)
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ct rollovers and insurance premiums	. 8c	[1] 10 10 10 10 10 10 10 10 10 10 10 10 10	MENINGER SERVER
d	to provide henefits)	crokoveta aug instrauce bienmus	. 8d	22,000	
۵		ective distributions (see instructions) .	. 8e	0	
e f		ders (salaries, fees, commissions)	81	0	
•	Other expenses		Bg	0	
9			. 8h		22,000
h	Total expenses (add lines 8				(40,480)
!	Net income (loss) (subtract	line 8h from line 8c).	. 81	0	Park College C
Ţ	Transfers to (from) the plan	(see instructions)	e the instru		Form 5500-SF (2011)
Fo	r Paperwork Reduction Act	Money sun Awe country terminate' se			v.012611

3	V Plan Characteristics				- 33.5			
इस ॥	ne plan provides pension benefits, enter the applicable pension feature	e codes from the List of	Plan Character	ristic C	odes in	the in	structions;	
b ir	2A 2E 2G 2R he plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	Plan Characteris	stic Co	des In	he ins	tructions:	
Part	Compliance Questions							
	During the plan year:				Yes !	No ·	Am	ount
-	Mas there a failure to transmit to the plan any participant contributions	within the time period	described in	10a		х		
b	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	o not include transaction	ns reported			x		
	on line 10a.)			10b				
С	Was the plan covered by a fidelity bond?			10c		Х		
	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?			10d		х		
	Were any fees or commisions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the instructions.)	ne bonents under the pr	carrier, an? (See	10c	x			
f	Has the plan falled to provide any benefit when due under the plan?			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of			10g		x		
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29 CF	R			х	745	
	2520.101-3.)			10h			100	
1	If 10h was answered "Yes," check the box it you either provided the resceptions to providing the notice applied under 29 CFR 2520.101-3	· · · · · · · ·		101				
Part	VI Pension Funding Compliance			4 11				
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes," see instruc	tions and comp	lele S	chedule	SB (F	-orm	Yes X
if y b	If a waiver of the minimum funding standard for a prior year is being or granting the waiver	3 (Form 5500), and sk	ib to ime 19.			12b		
c	Enter the amount contributed by the employer to the plan for this plan	n year			.	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter th	e result (enter a minus	sign to the left of	ol a		12d		
	negative amount)	funding deadline?					Yes	□No □1
<u>e</u> Part								
	Has a resolution to terminate the plan been adopted in any prior year	r?						Yes X
1 414	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year			<u> </u>	13a		
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC? If during this plan year, any assets or liabilities were transferred from					rol		Yes X
1.0	which assets or liabilities were transferred. (See instructions.)	SCHNEIDER &	Brown C	o., E	.A. ₁	3c/2) F	=IN(s)	1 1 1 1 1 1 1 1
	13c(1) Name of plan(s):							13c(3) PN(
		4320 Coopa			3	50(2)		13c(3) PN(
	IGN & RETURN	4320 Coope Cincinn	atr. Ohio 452	42	3	,,,		13c(3) PN(
	IGN & RETURN	4320 Coope Cincinn Phone:		96 -	3			13c(3) PN(
5	IGN & RETURN	4520 Coope Cincinn Phone: FAX: (ar. Ohio 452 (513) 984-61 513) 984-61(00 00 05				13c(3) PN(
Caul	ion: A penalty for the late or incomplete filing of this return/report repenalties of perjury and other penalties set forth in the instructions, I schedule MB completed and signed by an enrolled actuary, as well a	4520 Coope Cincinn Phone: FAX: (will be assessed unlo	atr. ()hito 452 (513) 984-61 (513) 984-610 (ess reasonable)	00 05 caus	e is est	ablish	jed. if applicable,	a Schedule
Caul	ion: A penalty for the late or incomplete filing of this return/report	4320 Coope Cincinn Phone: FAX: (. will be assessed unto declare that I have exa as the electronic version	ati. Ohio 452 (513) 984-61 (513) 984-610 ess reasonable mined this return n of this return/re	caus rn/repo	o is est ort, inclu and to	ablish iding, he bes	jed. if applicable,	a Schedule
Caut Undo SB o belie	ion: A penalty for the late or incomplete filing of this return/report r. penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well at it is true, correct and complete.	4520 Coope Cincinn Phone: FAX: (will be assessed unto declare that I have exa as the electronic version	ati. Ohio 452 (513) 984-61 (513) 984-61 (ess reasonable mined this return of this return/retu	caus rn/report,	e is est ort, inclu and to t TE, SI	ablish oding, he bes	ned. if applicable, st of my knov	a Schedule vledge and
Caut Undo SB o belie	ion: A penalty for the late or incomplete filling of this return/report r, penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well at it is true, correct and complete.	4320 Coope Cincinn Phone: FAX: (. will be assessed unto declare that I have exa as the electronic version	ati. Ohio 452 (513) 984-61 (513) 984-610 ess reasonable mined this return n of this return/re	caus rn/repo eport, whir	e is est ort, inclu and to t TE, SI dual sig	ablish Iding, he be: R. ning a	ned. if applicable, st of my knov	a Schedule vledge and