Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500)-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-particip	ant plan	
		•	eturn/report	L		•	
			•	41 \			
_			in year return/report (less than 12 mo	ontns) r	7		
С	Check box if filing under:	automatic	extension	L	DFVC progra	m	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested informa	ation					
	Name of plan			1b	Three-digit		
AMI I	FOOD SYSTEMS OF KENTUCKY, LLC 401(K) RETIREMENT SAVIN	NGS PLAN	N		plan number		
					(PN) ▶	001	
				1c	Effective date of		
					01/01/	/2006	
	Plan sponsor's name and address; include room or suite number (en FOOD SYSTEMS OF KENTUCKY, LLC	nployer, if	for a single-employer plan)		Employer Identif		er
Alvii	FOOD STOTEMS OF RENTOCKT, ELC				(EIN) 61-13		
				2c	Sponsor's telep		
	BOX 757		•	0.1	859-987		
PARI	S, KY 40362			2d	Business code (าร)
<u> </u>				O.L.	72230		
	Plan administrator's name and address (if same as plan sponsor, enterior Systems of Kentucky, LLC P.O. BOX 757		:")	3D	Administrator's E 61-13	∃IN 81534	
, (IVII I	PARIS, KY 403			30	Administrator's t		nher
				00	859-987		ibci
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.		·				
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			4
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not				
	complete this item)		·	5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	3						1
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	1075439			()
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1075439			()
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	24821				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				24821	
d	Benefits paid (including direct rollovers and insurance premiums	**					
	to provide benefits)	8d	132				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				132	
;	Net income (loss) (subtract line 8h from line 8c)	8i				24689	
;	`		-1100128				
J	Transfers to (from) the plan (see instructions)	8j	-1100128				

Form	5500.	-SE	2011

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Dart IV	Dlan	Chara	otorictics
Part IV	Plan	Cnara	cteristics

- **9a** 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 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	ļ	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X				
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct						
lf '	granting the waiver	n		Day .		ear	
_ '	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left on egative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art							
	Has a resolution to terminate the plan been adopted in any plan year?			П	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder		ntrol		X Yes	П №
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		n(s) to			ш	
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
PIZZ	A WHOLESALE OF LEXINGTON, INC. 401(K) RETIREMENT SAVINGS PLAN	6	1-096	7182		001	
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retui	rn/rep	ort, in	cludin	g, if applicat	le, a Scho	edule

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.	09/11/2012	DENNIS SWAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		Identification Information				
For	calendar plan year 2011 or fis		01/01/:	2011. and ending		12/31/2011
Α	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	X the final r	eturn/report		
		an amended return/report	a short pla	an year return/report (less than 12 m	onths)	
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC program
:	•	special extension (enter descrip	tion)			t
Pa	irt II Basic Plan Info	rmation—enter all requested infor	mation			
	Name of plan				1b	Three-digit
ΑM	I Food Systems of	Kentucky, LLC 401(k)	Retirem	ent Savings Plan	Ì	plan number 001
					<u> </u>	(PN) F
		\$				Effective date of plan 01/01/2006
22	Plan enoneor's name and ad-	dress; include room or suite number	(employer if	for a single-employer plan)	 	Employer Identification Number
	I Food Systems of		(cripioyor, ii	ioi a single-ciriployer plany	20	(EIN) 61-1381534
					2c	Sponsor's telephone number
Ρ.	O. Box 757				<u> </u>	859-987-4743
				·	2d	Business code (see instructions)
	ris	KY 40362				722300
3a AM	Plan administrator's name an TFOOd Systems of	d address (if same as plan sponsor, Kentucky, LLC	enter "Same	;")	3b	Administrator's EIN 61-1381534
	O. Box 757	· · · · · · · · · · · · · · · · · · ·			3c	Administrator's telephone number
Рa	ris	KY 40362			<u> </u>	859-987-4743
4		e plan sponsor has changed since the ober from the last return/report.	e last return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name	inser nom alle last retain report			4c	PN .
5a	Total number of participants	at the beginning of the plan year		********************************	5a	47
b	Total number of participants	at the end of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5b	0
		account balances as of the end of the			100	
					5c	. 0
6a	•	during the plan year invested in elig		-		X Yes No
b		the annual examination and report of (See instructions on waiver eligibility)				X Yes No
		ther 6a or 6b, the plan cannot use	-			
Pa	rt III Financial Inform					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	107543	9	. 0
b	Total plan liabilities		7b			
C	Net plan assets (subtract line	7b from line 7a)	7c	107543	9	0
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rec				-	
4,	., .				_	
	` '		1		-	
		rs)				
b			1	2482	1	
C	· ·), 8a(2), 8a(3), and 8b)	8c	t.		24821
d		t rollovers and insurance premiums	8d	13	2	
е	Certain deemed and/or corre	ctive distributions (see instructions).	8e			
f	Administrative service provid	ers (salaries, fees, commissions)	8f]	
g	Other expenses		8g			
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	8h			132
i	Net income (loss) (subtract li	ne 8h from line 8c)	8i			24689
j	Transfers to (from) the plan (see instructions)	8i	-110012	8	

	Form 5500-SF 2011 Page 2 -						
Pái	t IV Plan Characteristics				·	****	
1000	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	odes in	the instruct	ons:	
*-	2E 2F 2G 2J 2K 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in ti	ne instructio	ns:	
Par	V Compliance Questions				· · · · · · · · · · · · · · · · · · ·		
10	During the plan year:		Yes	No	[.]	Amount	•••
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х.			5	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		***************************************	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х		•	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х		. 4	-1	1
Ì	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	101	Х		الا الاستان المراثل		1
Part	Pension Funding Compliance						
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))					☐ Yes	П №
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc						X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<u>.</u>	<u>.</u>
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instri	ictions	and a				
	grounding the ungiver	nth	and	Dov	ne date of th	e letter ruli	ing
lf y	granting the waiver	nth		Day:	· · · · · · · · · · · · · · · · · · ·	e letter ruli ⁄ear	ing
	granting the waiver	nth •		Day	· · · · · · · · · · · · · · · · · · ·	rear	ing
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	nth	[Day	· · · · · · · · · · · · · · · · · · ·	rear	ing
b	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef	nth	[[Day.		rear	ing
b d	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	nth		12b 12c 12d		fear	
b c d	Enter the minimum required contribution for this plan year	nth		12b 12c 12d		rear	Ing N/A
b c d e Part	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII Plan Terminations and Transfers of Assets	nth		12b 12c 12d	Yes	/ear	
b c d e Part	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	t of a		12b 12c 12d		/ear	
b c d e Part 13a	Enter the minimum required contribution for this plan year	t of a	3a the co	12b 12c 12d	Yes	/ear	N/A
b c d e Part 13a b	Enter the minimum required contribution for this plan year	t of a	3a the co	12b 12c 12d	Yes	/ear	N/A
b c d e Part 13a b	Enter the minimum required contribution for this plan year	t of a	3a the co	Day 12b 12c 12d Y ontrol	Yes V	No X	N/A
b c d Part 13a b c	Enter the minimum required contribution for this plan year	t of a	3a the co	12b 12c 12d	Yes X No	/ear	N/A No
b c d Part 13a b c	Enter the minimum required contribution for this plan year	t of a	3a the co	12b 12c 12d	Yes X No	No X Yes	N/A No
b c d Part 13a b c	Enter the minimum required contribution for this plan year	t of a	33a the co	Day 12b 12c 12d Dontrol c(2) El	Yes X No.	No X Yes	N/A No
b c d Part 13a b c Cauti Under SB or	Enter the minimum required contribution for this plan year	t of a under the pla ple cau	3a the conn(s) to 13 61 use is soort, it	Day 12b 12c 12d Day Ontrol C(2) El O96	Yes X No	No [X Yes 13c(3) 00	No PN(s)
b c d Part 13a b c Cauti Under SB or	Enter the minimum required contribution for this plan year	t of a under the pla ble cau	3a the conn(s) to 13 61 use is soort, it	Day 12b 12c 12d Day Ontrol C(2) El O96	Yes X No	No [X Yes 13c(3) 00	No PN(s)

Date

SIGN HERE

Signature of employer/plan sponsor

Dennis Swan

Enter name of individual signing as employer or plan sponsor