

# 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**

### Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan
- B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

### Part II Basic Plan Information—enter all requested information

<b>1a</b> Name of plan FRANKIES SUPERETTE PENSION PLAN		<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) FRANKIES SUPERETTE, L.L.C.  PO BOX 42 HOPEWELL JUNCTION, NY 12533		<b>1c</b> Effective date of plan 01/01/1995
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") FRANKIES SUPERETTE, L.L.C. PO BOX 42 HOPEWELL JUNCTION, NY 12533		<b>2b</b> Employer Identification Number (EIN) 14-1819197
<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>2c</b> Sponsor's telephone number 845-226-7001
<b>a</b> Sponsor's name		<b>2d</b> Business code (see instructions) 445292
<b>5a</b> Total number of participants at the beginning of the plan year	12	<b>3b</b> Administrator's EIN 14-1819197
<b>b</b> Total number of participants at the end of the plan year	11	<b>3c</b> Administrator's telephone number 845-226-7001
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

### Part III Financial Information

7 Plan Assets and Liabilities	(a) Beginning of Year		(b) End of Year
	7a	7b	7c
<b>a</b> Total plan assets	1766767	0	1646718
<b>b</b> Total plan liabilities			0
<b>c</b> Net plan assets (subtract line 7b from line 7a)	1766767		1646718
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount		(b) Total
	8a(1)	8a(2)	8a(3)
<b>a</b> Contributions received or receivable from:			
(1) Employers			
(2) Participants			
(3) Others (including rollovers)			
<b>b</b> Other income (loss)	-58670		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-58670
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	61379		
<b>e</b> Certain deemed and/or corrective distributions (see instructions)			
<b>f</b> Administrative service providers (salaries, fees, commissions)			
<b>g</b> Other expenses			
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)			61379
<b>i</b> Net income (loss) (subtract line 8h from line 8c)			-120049
<b>j</b> Transfers to (from) the plan (see instructions)			

**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:  
 1A 1G 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**

		Yes	No	Amount
<b>10</b>	During the plan year:			
<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? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		110000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	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.) .....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b>	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 .....			

**Part VI Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) .....  Yes  No
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..  Yes  No  
 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**
- b** Enter the minimum required contribution for this plan year.....
- c** Enter the amount contributed by the employer to the plan for this plan year.....
- 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 negative amount) .....
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

- 13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** \_\_\_\_\_
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  Yes  No
- c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/26/2012	FRANK LICCARDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/26/2012	FRANK LICCARDI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan FRANKIES SUPERETTE PENSION PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FRANKIES SUPERETTE, L.L.C.		<b>D</b> Employer Identification Number (EIN) 14-1819197	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2011</u>
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 1636983
<b>b</b> Actuarial value .....	<b>2b</b> 1636983
<b>3</b> Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b> 0 0
<b>b</b> For terminated vested participants .....	<b>3b</b> 4 1235936
<b>c</b> For active participants:	
(1) Non-vested benefits .....	<b>3c(1)</b> 0
(2) Vested benefits .....	<b>3c(2)</b> 363952
(3) Total active .....	<b>3c(3)</b> 8 363952
<b>d</b> Total .....	<b>3d</b> 12 1599888
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> 5.91 %
<b>6</b> Target normal cost .....	<b>6</b> 0

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		09/21/2012
	Signature of actuary	Date
M. OLIVIA CORRAO	Type or print name of actuary	11-02300
		Most recent enrollment number
CERTIFIED ACTUARIAL SERVICES, INC.	Firm name	973-227-7766
		Telephone number (including area code)
348 CHANGE BRIDGE ROAD BIX 693 PINE BROOK, NJ 07058	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of year carryover and prefunding balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.00</u> % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38 from prior year) .....		0
<b>b</b>	Interest on (a) using prior year's effective rate of <u>6.54</u> % except as otherwise provided (see instructions) .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance.....		0
<b>d</b>	Portion of (c) to be added to prefunding balance.....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

<b>Part III Funding percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	102.31 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	102.31 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	104.98 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
<b>Totals ▶</b>				<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	0	
<b>b</b> Excess assets, if applicable, but not greater than 31a .....	<b>31b</b>		
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

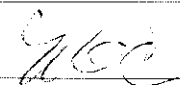
<b>A</b> Name of plan  FRANKIES SUPERETTE PENSION PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Frankies Superette, L.L.C.		<b>D</b> Employer Identification Number (EIN)  14-1819197	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
<b>2</b> Assets:			
<b>a</b> Market value	<b>2a</b>	1,636,983	
<b>b</b> Actuarial value	<b>2b</b>	1,636,983	
<b>3</b> Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment	<b>3a</b>	0	0
<b>b</b> For terminated vested participants	<b>3b</b>	4	1,235,936
<b>c</b> For active participants:			
(1) Non-vested benefits	<b>3c(1)</b>		0
(2) Vested benefits	<b>3c(2)</b>		363,952
(3) Total active	<b>3c(3)</b>	8	363,952
<b>d</b> Total	<b>3d</b>	12	1,599,888
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	<b>4b</b>		
<b>5</b> Effective interest rate	<b>5</b>	5.91	%
<b>6</b> Target normal cost	<b>6</b>		0

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		09/21/2012
	Signature of actuary	Date
M. OLIVIA CORRAO	Type or print name of actuary	11-02300
		Most recent enrollment number
CERTIFIED ACTUARIAL SERVICES, INC.	Firm name	(973) 227-7766
		Telephone number (including area code)
348 CHANGE BRIDGE ROAD	Address of the firm	
BIX 693		
PINE BROOK	NJ 07058	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**Part II Beginning of year carryover and prefunding balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b> Amount remaining (line 7 minus line 8).....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.00</u> % .....		
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38 from prior year).....		0
<b>b</b> Interest on (a) using prior year's effective rate of <u>6.54</u> % except as otherwise provided (see instructions).....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
<b>d</b> Portion of (c) to be added to prefunding balance.....		
<b>12</b> Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

**Part III Funding percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	102.31 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	102.31 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	104.98 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

**Part IV Contributions and liquidity shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals •</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions used to determine funding target and target normal cost**

**21** Discount rate:

a Segment rates:	1st segment: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				<b>21b</b> 0

**22** Weighted average retirement age ..... **22** 66

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

**Part VIII Minimum required contribution for current year**

**31** Target normal cost and excess assets (see instructions):

a Target normal cost (line 6).....		<b>31a</b>	0
b Excess assets, if applicable, but not greater than 31a.....		<b>31b</b>	

**32** Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	0	0
b Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions):			
a Total (excess, if any, of line 37 over line 36).....		<b>38a</b>	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....		<b>38b</b>	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years.....		<b>40</b>	0

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

**41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected .....  2 plus 7 years  15 years

b Eligible plan year(s) for which the election in line 41a was made .....  2008  2009  2010  2011

**42** Amount of acceleration adjustment ..... **42**

**43** Excess installment acceleration amount to be carried over to future plan years ..... **43**



Schedule SB, line 22 — Description of Weighted Average Retirement Age

For the plan year 1/1/2011 through 12/31/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be the later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Name of Plan: Frankies Superette. Pension Plan  
Plan Sponsor's EIN: 14-1819197  
Plan Number 001

EMPLOYER: Frankies Superette

## Schedule SB, Part V - Summary of Plan Provisions

### Eligibility Requirements

Age (yrs) : 21  
 Age (months) : 0  
 Wait (months) : 24  
 Two year eligibility : Yes

### Service/Participation Requirements

Definition of years: Hours worked  
 Continuing hours: 1,000  
 Excluded classes:

### Earnings

Total compensation excluding : 403(b)  
 Cafeteria  
 Other

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55			
Service:	0	0			
Participation:	5	10			
Defined:	Date of event	1st of month following			

### Benefit Reduction / Mortality table & setback

<b>Male:</b>	Actuarial Equivalence	Actuarial Equivalence	None	0
<b>Female:</b>	Actuarial Equivalence	Actuarial Equivalence	None	0

<b>Rates - Male:</b>	None	None	None
<b>Rates - Female:</b>	None	None	None

<b>Use Social Security Retirement Age:</b>	No	<b>REACT Benefits Percentage:</b>	50.00%
<b>Vesting Schedule:</b>	Immediate	<b>Pre-retirement death benefit</b>	
<b>Vesting Definition:</b>	Hours Worked	<b>Percentage of accrued benefit:</b>	100.00%
		<b>Death Benefit Payment method:</b>	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

### Significant Changes in Plan Provisions Since Last Valuation

**Name of Plan:** FRANKIE'S SUPERETTE PENSION PLAN  
**Plan Sponsor's EIN:** 14-1819197  
**Plan Number:** 000

## Schedule SB, Part V - Summary of Plan Provisions

### Benefits

**Pension Formula:** Benefit formula  
**Type of Formula:** Flat benefit  
**Effective Date:** 01/01/2008

**Flat benefit non-integrated type:** Percent  
**Total percent of salary:** 43.00%  
**Dollar amount:** None  
**Reduction based on:** Service  
**Benefit reduction for years less than:** 27

### Averaging

<b>Projection method:</b>	Accrued Benefit Average	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	3	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	99	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

### Accrual

**Frozen:** No  
**Definition of years:** Hours worked  
**Fractions based on:** N/A

<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	<b>Precision:</b>	N/A
	1000	0	0	0	1000	<b>Limit current credit</b>	N/A
						<b>to:</b>	

<b>Years based on:</b>	Participation	<b>Cap/floor years:</b>	0
<b>Maximum past accrual years:</b>	99.0000	<b>Cap or floor:</b>	Floor
<b>Method:</b>	Fractional	<b>Accrual % per year:</b>	0.00%
		<b>Apply 415 before accrual:</b>	No

**Name of Plan:** FRANKIE'S SUPERETTE PENSION PLAN  
**Plan Sponsor's EIN:** 14-1819197  
**Plan Number:** 000

## Schedule SB, Part V - Statement of Actuarial Assumptions

### Target Assumptions:

Male Nonannuitant: None  
 Female Nonannuitant: None  
 Male Annuitant: None  
 Female Annuitant: None

Applicable months from valuation month: 0  
 Probability of lump sum: 0.00%  
 Use pre-retirement mortality: No

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	2.94	5.82	6.46
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	2.94	5.82	6.46
Override:	0.00	0.00	0.00

### Salary Scale

Male: 0.00%  
 Female: 0.00%

### Withdrawal

Male: None  
 Female: None

### Withdrawal-Select

Male: None  
 Female: None

### Early Retirement Rates

Male: None  
 Female: None

### Subsidized Early Retirement Rates

Male: None  
 Female: None

### Options:

Use optional combined mortality table for small plans: Yes  
 Use discount rate transition: No  
 Lump sums use proposed regulations: Yes

### Actuarial Equivalent Floor

Stability period: plan year  
 Lookback months: 1  
 Nonannuitant: None  
 Annuitant: None

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	2.20	4.81	6.10
Override:	0.00	0.00	0.00

### Late Retirement Rates

Male: None  
 Female: None

### Marriage Probability

Male: 0.00%  
 Female: 0.00%  
 Expense loading: 0.00%

### Setback

0

### Disability Rates

Male: None  
 Female: None

### Mortality

Male: None  
 Female: None

### Setback

0

0

Name of Plan: FRANKIE'S SUPERETTE PENS  
 Plan Sponsor's EIN: 14-1819197  
 Plan Number: 000

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No. Comp	1 To 4 Avg. Comp	5 To 9 Avg. Comp	10 To 14 Avg. Comp	15 To 19 Avg. Comp	20 To 24 Avg. Comp	25 To 29 Avg. Comp	30 To 34 Avg. Comp	35 To 39 Avg. Comp	40 & Up Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	1	0	0	2	0	0	0	0
50 to 54	0	0	1	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	1	1	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	1	0	0	0

Name of plan: FRANKIE'S SUPERETTE PENSION PLAN  
 Plan sponsor's name: FRANKIE'S SUPERETTE, L.L.C.

Plan number: 000  
 EIN: 14-1819197