#### 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

	Complete all entries in	accordance wit	n the instructions to the Form 5500	)-SF.		•		
P	art I Annual Report Identification Informatio	n						
For	calendar plan year 2011 or fiscal plan year beginning 01/0	01/2011	and ending 1.	2/31/2	011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan		
	This return/report is: the first return/report	=	eturn/report	L		·		
		H	·	ontha)				
_	an amended return/report	H	in year return/report (less than 12 mo	ontns) r	<b>¬</b>			
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m		
	special extension (enter des	scription)						
Pa	art II Basic Plan Information—enter all requested in	information						
	Name of plan			1b	Three-digit		_	
	RY'S GIANT SUBS, INC. DEFINED BENEFIT PLAN				plan number			
					(PN) <b>▶</b>	001		
				1c	Effective date of	plan		
					01/01/	2001		
	Plan sponsor's name and address; include room or suite num	nber (employer, if	for a single-employer plan)	2b	Employer Identif			
LAR	RYS GÍANT SUBS, INC.				(EIN) 59-262	26506		
				2c	Sponsor's telepl			
4479	DEERWOOD LAKE PARKWAY, STE 1				904-739			
JAC	KSONVILLE, FL 32216			2d	Business code (		1	
					72211			
	Plan administrator's name and address (if same as plan spon	sor, enter "Same	e")	3b	Administrator's E			
LARI		SONVILLE, FL 32	É PARKWAY, STE 1 216	20		26506	_	
		,		30	Administrator's t		∍r	
4	If the name and/or EIN of the plan sponsor has changed sinc	e the last return/	report filed for this plan, enter the	4b				
•	name, EIN, and the plan number from the last return/report.	o tro last rotarry	report med for time plant, enter the	70	LIIV		_	
а	a Sponsor's name							
5a	5a Total number of participants at the beginning of the plan year							
b								
С								
·	complete this item)							
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b		J	'					
	under 29 CFR 2520.104-46? (See instructions on waiver elig					X Yes I	No	
	If you answered "No" to either 6a or 6b, the plan cannot	use Form 5500-	SF and must instead use Form 550	00.				
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	846162			999214		
b	Total plan liabilities		0			0		
С			846162			999214		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а			(a) Amount		(6) 1	Otal		
u	(1) Employers	8a(1)	178885					
	(2) Participants							
	(3) Others (including rollovers)							
h			-13201					
b	,		10201			165684		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					103004		
d	Benefits paid (including direct rollovers and insurance premit to provide benefits)							
е								
f	Administrative service providers (salaries, fees, commissions		12632					
	• • • • • • • • • • • • • • • • • • • •	<i>'</i>	3 2					
g						40600		
h	1 ( , , , , )					12632		
į	Net income (loss) (subtract line 8h from line 8c)					153052		
j	Transfers to (from) the plan (see instructions)	······ 8j						

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

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

art	V Compliance Questions								
0	During the plan year:		Yes	No		Amou	ınt		
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)		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					
d									
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.)								12632	
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							
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							
art \	/I Pension Funding Compliance								
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ	Yes	X No	
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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									
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401					
	Enter the minimum required contribution for this plan year			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 negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	)	N/A	
art \	/II Plan Terminations and Transfers of Assets								
3а	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		Y	es X	lo			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes	X No	
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.)	ne plar	n(s) to					_	
13	Sc(1) Name of plan(s):		13	c(2) EI	N(s)	13	3c(3)	PN(s)	
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished				
Inder B or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.	urn/rep	ort, in	cludin	g, if applica				

SIGN	Filed with authorized/valid electronic signature.	10/04/2012	MITCHELL RAIKES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/04/2012	MITCHELL RAIKES
HERE	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 caus	se is established.		
A Name of plan	3 Three-digit		004
LARRY'S GIANT SUBS, INC. DEFINED BENEFIT PLAN	plan number	(PN) <b>•</b>	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	) Employer Ider	ntification Number	(EINI)
LARRYS GIANT SUBS. INC.	1 -7	illication Number	(LIIV)
	59-2626506		
E Type of plan: ☐ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 1	100 or fewer	101-500 More	than 500
Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2011			
2 Assets:			
<b>a</b> Market value		2a	839548
<b>b</b> Actuarial value		2b	839548
	nber of participan		Funding Target
a For retired participants and beneficiaries receiving payment	o. o. partioipari	0	0
b For terminated vested participants		1	39087
C For active participants:			
(1) Non-vested benefits			0
(2) Vested benefits			1507437
(3) Total active		6	1507437
d Total		7	1546524
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	]		
Funding target disregarding prescribed at-risk assumptions	<b>'</b>	4a	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that	hava baan in		
at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.68 %
6 Target normal cost		6	0
Statement by Enrolled Actuary			
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachment accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the expe			
combination, offer my best estimate of anticipated experience under the plan.			
SIGN		40/00/	0040
HERE	_	10/03/	2012
Signature of actuary		Date	20.40
CHARLTON V. BROWN		11-00	
Type or print name of actuary	V	Most recent enrollr	
PENCOR, INC.			42-4245
Firm name 1361 13TH AVENUE SOUTH, SUITE 250	Telep	hone number (inc	luding area code)
JACKSONVILLE BEACH, FL 32250-3233			
Address of the firm			
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completin instructions	ng this schedule,	check the box and	see

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Schedule SB (Form 5500) 2011

Pa	rt II Be	ginning of year	carryove	er and prefunding bal	ances							
						(a) (	Carryover balance		(b) [	Prefundi	ng balan	се
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)										0	
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											
9	Amount rema	ining (line 7 minus li	ne 8)					0				0
10	1 Interest on line 9 using prior year's actual return of%											
11	Prior year's e	xcess contributions t	o be added	d to prefunding balance:								
	a Present value of excess contributions (line 38 from prior year)										783	
	b Interest on (a) using prior year's effective rate of 6.20 % except as otherwise provided (see instructions) 49										49	
	C Total avai	able at beginning of c	urrent plan	year to add to prefunding bala	nce							832
	<b>d</b> Portion of	(c) to be added to p	refunding b	palance								0
12	Other reducti	ons in balances due	to elections	s or deemed elections								
13	Balance at be	eginning of current ye	ear (line 9 +	- line 10 + line 11d – line 12)				0				0
Pa	art III F	unding percenta	ages									
14										14	54	.28 %
				je						15	54	.28 %
16									.08 %			
17				s less than 70 percent of the						17	54	.28 %
Pá	art IV C	ontributions an	d liauidi	tv shortfalls						Į		
			•	ear by employer(s) and emp	lovees:							
	(a) Date	(b) Amount p	aid by	(c) Amount paid by employees	(a) Da		(b) Amount paid		(0		nt paid b	у
08	/07/2012		178885	, ,	· · · · · · · · · · · · · · · · · · ·	ŕ					•	
Totals ► 18(b) 178885 18(c)									0			
19	Discounted e	mployer contribution	s – see ins	tructions for small plan with a	a valuation da	ate after th	ne beginning of the	year:				
	<b>a</b> Contribution	ns allocated toward	unpaid min	imum required contributions	from prior ye	ears		19a				
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date											
	<b>c</b> Contributio	ns allocated toward m	inimum requ	uired contribution for current y	ear adjusted t	to valuation	n date	19c				157728
20	Quarterly cor	tributions and liquidi	ty shortfalls	3:		_						
	a Did the pla	n have a "funding sh	ortfall" for t	he prior year?						<mark>&gt;</mark>	Yes	No
	<b>b</b> If 20a is "Y	es," were required q	uarterly ins	tallments for the current yea	r made in a ti	imely man	ner?				Yes	No
	<b>C</b> If 20a is "Y	es," see instructions	and compl	ete the following table as ap	plicable:							
			T	Liquidity shortfall as of er	nd of quarter							
	(1)	1st		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	Part V Assumptions used to determine funding target and target normal cost								
21	Discount rate:								
	a S	egment rates:	1st segment: 3.78%		2nd segment: 6.31%		3rd segment: 6.57 %		N/A, full yield curve used
	b Applicable month (enter code)								
22									
23	23 Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute								
Pa	art 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								
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment								
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	X Yes No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	inimu	ım required contribut	ions	for prior years		
28	Unpa	id minimum requ	uired contributions for al	l prior	years			28	
29					I unpaid minimum required o		· · ·	29	
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see in	nstruct	ions):				
a Target normal cost (line 6)								0	
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amort	ization installment					706976	156069
	<b>b</b> W	aiver amortizatio	on installment						
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	156069
					Carryover balance		Prefunding bala	nce	Total balance
35	Balar	nces elected for a	use to offset funding						
	requi	rement							0
36	Addit	ional cash requir	rement (line 34 minus lir	ne 35).				36	156069
37					ontribution for current year a			37	157728
38	Prese	ent value of exce	ess contributions for curr	rent ye	ar (see instructions)			<u> </u>	
								38a	1659
	<b>b</b> Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	ndard o	carryover balances	38b	0
39					ear (excess, if any, of line 36			39	0
40	Unpa	id minimum requ	uired contributions for al	l years	i			40	0
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20	010 (	see instructions)		
41	If a sh	nortfall amortizati	ion base is being amorti	ized pu	irsuant to an alternative amo	ortizati	on schedule:		
	<b>a</b> Sch	nedule elected							2 plus 7 years 15 years
	<b>b</b> Elig	gible plan year(s)	) for which the election i	n line 4	41a was made			2008	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	<del> </del>
43	3 Excess installment acceleration amount to be carried over to future plan years								

# **Schedule SB, line 19 - Discounted Employer Contributions**

**Interest Rates:** 

**Effective:** 5.68%

Late Quarterly: 10.68%

<b>Effective Date</b>	<b>Amount</b>	<b>Contribution Year End Date</b>	<b>Effective Interest</b>	<b>Quarterly Interest</b>	<b>Discounted</b>
08/07/2012	\$178,885	12/31/2011	-15,133	-6,024	\$157,728
Total:	\$178.885				\$157.728

Name of Plan: DEFINED BENEFIT PLAN

Plan Sponsor's EIN: 59-2626506

Plan Number: 001

Plan Sponsor's Name: LARRY'S GIANT SUBS, INC.

#### LARRY'S GIANT SUBS, INC. DEFINED BENEFIT PLAN

#### ACTUARIAL ASSUMPTIONS

1.	RECOMMENDED CONTRIBUTION ASSUMPTIONS	COST METHOD: MODIFIED INDIVIDUAL LEVEL PREMIUM PRE-RETIREMENT:
		A. INVESTEMENT RETURN: 6.00%
		B. MORTALITY: NONE
		C. TERMINATION NONE
		D. SALARY SCALE: NONE
		POST-RETIREMENT:
		A. INVESTMENT RETURN: 6.00%
		B. MORTALITY: 94 GAR
2.	ACTUARIAL EQUIVALENCE	PRE-RETIREMENT
	ASSUMPTIONS	A. INVESTMENT RETURN: 6.00%
		B. MORTALITY: NONE
		POST-RETIREMENT:
		A. INVESTMENT RETURN: 6.00%
		B. MORTALITY: 83 GAF
3.	TOP HEAVY ASSUMPTIONS	SAME AS ACTUARIAL EQUIVALENCE
4.	FUNDING TARGET	PRE-RETIREMENT
	ASSUMPTIONS	A. INVESTEMENT RETURN: SEG 1 - 3.78%
		SEG 2 - 6.31%
		SEG 3 - 6.57%
		B. MORTALITY: NONE
		C. TERMINATION: NONE
		D. SALARY SCALE: NONE
		POST-RETIREMENT:
		A. INVESTMENT RETURN: SEG 1 - 3.78%
		SEG 2 - 6.31%
		SEG 3 - 6.57%
		B. MORTALITY: PPA
		C. LUMP SUM PROB. 100%
5.	ASSUMED RETIREMENT AGE	LATER OF NORMAL RETIREMENT OR CURRENT AGE

#### LARRY'S GIANT SUBS, INC. DEFINED BENEFIT PLAN

#### SUMMARY OF PLAN SPECIFICATIONS

1.	EFFECTIVE DATE	JANUARY 1, 2001
2.	VALUATION DATE	JANUARY 1, 2011
3.	ELIGIBILITY REQUIREMENTS	<ul> <li>A. MINIMUM MONTHS: 12</li> <li>B. MINIMUM AGE (ATTAINED): 21</li> <li>C. ELIGIBLE CLASS: ALL EMPLOYEES</li> <li>D. PARTICIPATION: JANUARY 1ST OR JULY 1ST FOLLOWING SATISFACTION OF ELIGIBILITY REQUIREMENTS</li> </ul>
4.	EARLY RETIREMENT REQUIREMENTS	NONE PROVIDED
5.	NORMAL RETIREMENT REQUIREMENTS	<ul> <li>A. MINIMUM AGE: 62</li> <li>B. MAXIMUM AGE: NONE</li> <li>C. MINIMUM SERVICE: NONE</li> <li>D. MINIMUM PARTICIPATION: 5 YEARS</li> <li>E. DATE: FIRST DAY OF MONTH FOLLOWING SATISFACTION OF NORMAL RETIREMENT REQUIREMENTS</li> </ul>
6.	PLAN COMPENSATION	TOTAL COMPENSATION MAXIMUM ANNUAL SALARY: \$245,000
7.	AVERAGE COMPENSATION	HIGHEST 3 YEARS OF PARTICIPATION
8.	NORMAL RETIREMENT BENEFIT	ACCRUED BENEFIT AS OF JUNE 15, 2006 MAXIMUM MONTHLY PENSION: PER IRC SECTION 415
9.	TYPE OF ANNUITY	LIFE ONLY
10.	ACCRUED BENEFIT	FRACTIONAL METHOD - YEARS OF PARTICIPATION
11.	DEATH BENEFIT	PRESENT VALUE OF ACCRUED BENEFIT
12.	DISABILITY BENEFIT	PRESENT VALUE OF ACCRUED BENEFIT
13.	VESTING SCHEDULE	100% IMMEDIATE DUE TO BENEFIT FREEZE

# Schedule SB, line 32 - Schedule of Amortization Bases

### Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<b>Payment</b>
Shortfall	01/	/01/2008	3.78 / 0.00	383,388	7.00	243,759	4.00	64,372
Shortfall	01/	/01/2009	3.78 / 6.31	338,622	7.00	264,219	5.00	56,836
Shortfall	01/	/01/2010	3.78 / 6.31	110,539	7.00	100,181	6.00	18,603
Shortfall	01/	/01/2011	3.78 / 6.31	98,817	7.00	98,817	7.00	16,258
Totals	Shortfall					706,976		156,069

Name of Plan: DEFINED BENEFIT PLAN

Plan Sponsor's EIN: 59-2626506 Plan Number: 001

#### **Schedule SB, line 26 - Schedule of Active Participant Data**

#### YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp	No.	To 4 Avg. Comp	5 No.	To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			Го 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp	35 No.	5 To 39 Avg. Comp		Avg.
		•									$\top$		-						•		
Under 25	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
25 to 29	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0
30 to 34	0	0	0	0	0	0	0	0	0	0	$\pm$	0	0	0	0	0	0	0	0		0
35 to 39	0	0	0	0	2	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0
40 to 44	0	0	1	0	0	0	0	0	0	0	$\mp$	0	0	0	0	0	0	0	0		0
10 to 11	Ť	•	1	, and the second	"	ŭ		Ů	Ů	Ů	$\pm$		· ·	<del>                                     </del>	Ů		, ,	Ů	Ů		
45 to 49	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
50 to 54	0	0	0	0	0	0	1	0	0	0		0	0	0	0	0	0	0	0		0
											Ц										
55 to 59	0	0	0	0	0	0	0	0	1	0	+	0	0	0	0	0	0	0	0	(	0
60 to 64	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0
65 to 69	0	0	0	0	0	0	0	0	0	0	$\perp$	0	0	0	0	0	0	0	0	(	0
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0

Name of plan: DEFINED BENEFIT PLAN

Plan number: 001

Plan sponsor's name: LARRY'S GIANT SUBS, INC. EIN: 59-2626506

# Schedule SB, line 22-Description of Weighted Average Retirement Age

Larry's Giant Subs, Inc. Defined Benefit Plan 59-2626506 / 001 For the plan year 1/1/2011 through 12/31/2011

The age reported is the average of the Normal 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 later than the Plan's Normal Retirement Age. Each participant's rate of retirement is assumed to be 100% at his/her assumed retirement age.

# **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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Type or print name of actuary Pencor, Inc.  1361 13th Avenue South, Suite 250  Telephone number (including area code)  Jacksonville Beach FL 32250-3233 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	r File as an attac		5500 or 5500-8	5F.				
A Name of plan  A Name of plan  A Name of plan  Larry's Giant Subs, Inc. Defined Benefit Plan  C Plan sponsor's name as shown on line 2a of Form 5500 or \$500-\$F  D Employer Identification Number (EIN)  Larry's Giant Subs, Inc.  C Plan Subs, Inc.  B Type of plan (Missele Missele		1/01/2011		and ending	<u> </u>	12/31,	/2011	
A Name of plan  Larry's Giant Subs, Inc. Defined Benefit Plan  C Plan sponsor's name as shown on line 2s of Form S500 or S500-SF  Larrys Giant Subs, Inc.  E Type of plan: Single Multiple A Multiple B F Prior year plan size. 3 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 1 Day 1 Year 2011  2 Assets:  a Market value 2a 539, 548 b Achanal value 2b 6 339, 548  3 Funding larget/participants and beneficializes receiving payment. 3a 0 0 For terminated vested participants and beneficializes receiving payment. 3a 0 0 For terminated vested participants and sometiments. 3b 1 39, 683  c For active contributes. 3c(2) 1, 507, 437 (2) Vested benefits. 3c(2) 1, 507, 437 (3) Total active. 3c(3) 6 1, 507, 437 (4) If the plan is in alt-risk status, check the box and complete lines (a) and (b).  a Funding target disregarding prescribed at risk assumptions. 3d 7, 1, 346, 524  4 If the plan is in alt-risk status, check the box and complete lines (a) and (b).  a Funding target effecting alt-risk assumptions but disregarding transition rule for plans that have been in the plan is in alt-risk status, check the box and complete lines (a) and (b).  a Funding target effecting alt-risk assumptions but disregarding transition rule for plans that have been in the plan is in alt-risk status, check the box and complete lines (a) and (b).  a Funding target effecting alt-risk assumptions but disregarding transition rule for plans that have been in the plan is in alt-risk status, check the box and complete lines (a) and (b).  a Funding target effecting alt-risk assumptions but disregarding transition rule for plans that have been in the plan is in alt-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in the plan is in alt-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in the presented assumption was applied in the plan time of actuary but the plan time of actuary in the plan is a	Round off amounts to nearest dollar.							
Description number (PN)   Description   De	▶ Caution: A penalty of \$1,000 will be assessed for late filing of this rep	port unless reaso	nable cause is	established				
Larry's Giant Subs, Inc. Defined Benefit Plan  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Larrys Giant Subs, Inc.  E Type of plan   X Single   Multiple-B   F Pior year plan size   100 or fewer   101-500   More than 500    Part   Basic Information   Electric Month   Day   1   Year   2011    1 Enter the valuation date:   Month   Day   1   Year   2011    2 Assets:   2   2   3   339,548    3 Adviced Value   22   3   339,548    3 For rotured participants count breakdown:   (1) Number of participants   (2) Funding Target    a For rotured participants and beneficiance receiving payment.   3a   0   0    b For formmatided vested participants   3b   1   39,067    c For active participants   3c(1)   0   0    c For active participants   3c(1)   0    (2) Vested benefits   3c(2)   1,507,437    (3) Total active   3c(3)   6   1,507,437    (4) If the plan is in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in 4b    5 Efficiency interest rate   5   5,568 %    6 Target normal cost   5   5,568 %    6 Target normal cost   5   5,568 %    6 Target normal cost   7   7   7   7   7    Signature of actuary   11   -00243    The Name of participants   11   0   0    The hazer of symbologic participants   11   0   0    The par	A Name of plan		В	Three-digit				
Earry's Glant Subs, Inc. Defined Benefit Plan  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Larrys Glant Subs, Inc. 59-2626506  E Type of plan: [X] Single   Multiple-A   Multiple-B   F Pror year plan size   100 or fewer   101-500   More than 500  Part   Basic Information  E Enter the valuation date: Month   Day   1   Year   2011  2 Assets:  a Market value   2a   839, 548  3 Finding larget/participant count breakdown: (1) Number of participants   (2) Funding Target are For retired participants and beneficiaries receiving payment.   3a   0   0   0   0   0    Defor terminated vested participants and beneficiaries receiving payment.   3b   1   39, 67  C For active participants.   3c(1)   0   0   0   0    (2) Vested benefits.   3c(1)   0   0   1, 507, 437  (3) Total active.   3d   7   1, 546, 524  4 If the plan is in at-risk status, check the box and complete lines (a) and (b).   4   4   If the plan is in at-risk status, check the box and complete lines (a) and (b).   4   4    5 Effective interest rate.   5   5   5   6   8    6 Toding target disregarding prescribed at risk assumptions. but disregarding footing factor.   5   5   5   6   8    6 Target normal cost.   5   5   5   6   8    6 Target normal cost.   5   5   5   6   8    7 Signature of actuary   5   5   5   6   8    8 Signature of actuary   5   5   5   6   8    8 Todal Total   7   7   7   7   7   7   7   7    10 Total   7   7   7   7   7   7   7   7   7				9	er (PN)	<b>&gt;</b>	001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5000							·	
E Type of plans: Single   Multiple A   Multiple B   F Prior year plan size: 3 100 or fewer   101-500   More than 500    Part I   Basic Information  1 Enter the valuation date:	Larry's Giant Subs, Inc. Defined Benefit Pl	lan	70000					
E Type of plans   X Single   Multiple-A   Multiple-B   F Pror year plan size   X   100 or fewer   101-500   Move than 500	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D E	Employer Ide	entification N	lumber (EIN	)	
E Type of plans   X Single   Multiple-A   Multiple-B   F Pror year plan size   X   100 or fewer   101-500   Move than 500			***************************************					
Part     Basic Information	Larrys Giant Subs, Inc.		5	9-26265	06			
1   Enter the valuation date:   Month   1   Day   1   Year   2011	E Type of plan: X Single Multiple-A Multiple-B	<b>F</b> Prior year pla	n size: 🗵 100 d	or fewer	101-500	More than	500	
1   Enter the valuation date:   Month   1   Day   1   Year   2011	Part I Basic Information							
2 Assets:  a Market value		1 Year	2011					
a Market value		i cai				1.1		
b Actuarial value				ſ			000 510	
Funding larget/participants count breakdown:  a For retired participants and beneficianes receiving payment.  3a For retired participants and beneficianes receiving payment.  5 For active participants.  5 For active participants:  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  (3) Total active.  4 If the plan is in al-risk status, check the box and complete lines (a) and (b).  a Funding larget disregarding prescribed at-risk assumptions.  b Funding larget reflecting at-risk assumptions, but disregarding fransition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate.  5 To the best of riny knowledge, the information supplied in this schedule and accompanying schedules, sistements and statchments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and reasonable expectations, in any centro and reasonable expectations, and such other assumptions in removable taking into account the experience of the plan and reasonable expectations) and such other assumptions in removable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in removable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in removable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in removable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in removable (taking into account the experience of the plan and reasonable expectations) and such other assumptions.  SIGN  HERE  Type or print name of actuary  Address of the firm  Telephone number (including area code)  Telephone number (including area code)	v	•••••••	*******************					
a For retired participants and beneficiaries receiving payment. 3a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			*****************		2b		839,548	
b For terminated vested participants.  C For active participants.  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  3c(3) 6 1,507,437  d Total.  3d 7 1,546,524  4 If the plan is in at-risk status, check the box and complete lines (a) and (b).  a Funding target disregarding prescribed at-risk assumptions.  b Funding target reflecting at-risk assumptions.  b Funding target reflecting at-risk assumptions.  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.  5 Effective interest rate.  5 5 5.68 %  6 0 0  Statement by Enrolled Actuary  To the best of my knowledge, the information supplied is this schedule and accompanying schedules, statements and attachments, if any, is complete and securate. Each prescribed assumptions in combination, offer my best estimate of anticipated experience under the plan.  SIGN  HERE  The plan of actuary  To the best of my knowledge, the information supplied is this achedule and accompanying schedules, statements and attachments, if any, is complete and experience expectations) and such other assumptions in combinations, offer my best estimate of anticipated experience under the plan.  SIGN  HERE  The plan of actuary  To the best of my knowledge, the information supplied is the 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.  Type or print name of actuary  Date  Charlton V. Brown  Type or print name of actuary  Address of the firm  Total active the experience of the plan number (including area code)  Telephone number (including area code)  Telephone number (including area code)	3 Funding target/participant count breakdown:	,	(1) Number	of participa	nts	(2) Fun	ding Target	
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(1) Non-vested benefits. 3c(1)  (2) Vested benefits 3c(2) 1,507,437  (3) Total active 3c(3) 6 1,507,437  (4) Total. 7 1,546,524  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 1,546,524  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 4 4 b 5 Funding target disregarding prescribed at-risk assumptions. 4 4 4 b 5 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. 4 4 b 5 Effective interest rate 5 5 5.68 %  6 Target normal cost 5 6 0 0  Statement by Enrolled Actuary  To the best of my browledge, 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 the was not egulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in continuation, other my best searmed of articipated experience under the plan.  SIGN  HERE   Type or print name of actuary  Date  Charlton V. Brown  Type or print name of actuary  Most recent enrollment number  (904) 242-4245  Telephone number (including area code)  Jacksonville Beach  FL 32250-3233  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	b For terminated vested participants	3b			1		39,087	
(1) Non-vested benefits. 3c(1)  (2) Vested benefits 3c(2) 1,507,437  (3) Total active 3c(3) 6 1,507,437  (4) Total. 7 1,546,524  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 1,546,524  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 4 4 b 5 Funding target disregarding prescribed at-risk assumptions. 4 4 4 b 5 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. 4 4 b 5 Effective interest rate 5 5 5.68 %  6 Target normal cost 5 6 0 0  Statement by Enrolled Actuary  To the best of my browledge, 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 the was not egulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in continuation, other my best searmed of articipated experience under the plan.  SIGN  HERE   Type or print name of actuary  Date  Charlton V. Brown  Type or print name of actuary  Most recent enrollment number  (904) 242-4245  Telephone number (including area code)  Jacksonville Beach  FL 32250-3233  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	C For active participants:			***************************************		,		
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3   Total active   3c(3)   6   1,507,437     d   Total   3d   7   1,546,524     4   If the plan is in at-risk status, check the box and complete lines (a) and (b)   4a     b   Funding target disregarding prescribed at-risk assumptions   4a     b   Funding target reflecting at-risk assumptions   4b     a   a   trink status for fewer than five consecutive years and disregarding loading factor   4b     a   a   trink status for fewer than five consecutive years and disregarding loading factor   4b     5   Effective interest rate   5   5.68 %     6   Target normal cost   5   5.68 %     6   Target normal cost   5   5.68 %     7   Statement by Enrolled Actuary   5   5   5.68 %     8   Target normal cost   5   5.68 %     9   Statement by Enrolled Actuary   5   5   5     10   Statement by Enrolled Actuary   5   5   5     11   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 bast sessimate of anticipated experience under the plan.    SIGN   HERE	(-,				·	······································		
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SIGN HERE Signature of actuary Signature of actuary Charlton V. Brown Type or print name of actuary Pencor, Inc.  1361 13th Avenue South, Suite 250  Jacksonville Beach 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	To the best of my knowledge, the information supplied in this schedule and accompanying so							
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Type or print name of actuary Pencor, Inc.  1361 13th Avenue South, Suite 250  Telephone number (including area code)  Address of the firm  Telephone number (including area code)  Telephone number (including area code)			Abdironamic like talking otherwise	103	JU/	<b></b>		
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Jacksonville Beach FL 32250-3233  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	Pencor, Inc.				(904)	242-42	245	
Jacksonville Beach FL 32250-3233  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	Firm name	***************************************		Tele	phone numb	er (includin	a area code)	
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	1361 13th Avenue South, Suite 250			, 510	,	(	y au auau,	
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	Address of the firm							
	If the actuary has not fully reflected any regulation or ruling promulgated up	nder the statute in	n completing th	is schedule	check the h	ox and see		
	instructions							

P	age	2	-

P	art II	Begir	ning of year	carryove	r and prefunding ba	lances											
			***************************************	······			(a) (	Carryover balance		(b)	Prefundi	ng bala	nce				
7	the state of the s											0					
8			•	•	nding requirement (line 35												
9	Amount	t remaini	ng (line 7 minus li	ne 8)					0			***************************************	0				
10	0 Interest on line 9 using prior year's actual return of%																
11 Prior year's excess contributions to be added to prefunding balance:																	
	a Pres	sent valu	e of excess contri	butions (line	38 from prior year)			,				***************************************	783				
					rate of6.20 % excep				,				49				
	<b>c</b> Tota	ıl availabl	e at beginning of c	urrent plan ye	ear to add to prefunding bala	ance							832				
	<b>d</b> Port	tion of (c)	to be added to p	refunding ba	alance								0				
12	Other re	eductions	in balances due	to elections	or deemed elections												
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	)			0				0				
Р	art III	Fun	ding percent	ages								***************************************					
14	Funding					*****************	**************	***************************************		,,,,,,,,,	14	54	.28 %				
15					• •						15		.28 %				
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.										16	***************************************	.08 %				
17	If the cu	irrent val	ue of the assets o	of the plan is	less than 70 percent of the	e funding tar	get, enter s	uch percentage	**********		17	54	.28 %				
Р	art IV	Con	tributions an	d liauidit	v shortfalls						***************************************	Processor					
18	Contribu	···			ar by employer(s) and emp	oloyees:				***************************************	***************************************	<del></del>					
<b>1</b> )	(a) Dat //M-DD-Y		( <b>b)</b> Amount p employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer(		(c) Amount paid by employees							
0	8/07/2	2012	1	78 <b>,</b> 885			A. C.										
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							1										
			***														
						Totals •	18(b)	1	78 <b>,</b> 885	18(c)			0				
19	Discour	nted emp	loyer contribution	s – see instr	uctions for small plan with	a valuation d	late after th	e beginning of the	year:								
	a Contr	ributions	allocated toward	unpaid minir	mum required contributions	from prior y	ears		19a				***************************************				
	<b>b</b> Contr	ributions	made to avoid res	strictions adj	usted to valuation date	•••••	• • • • • • • • • • • • • • • • • • • •		19b								
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											15	57,728					
20	Quarter	ly contrib	utions and liquidit	ty shortfalls:				The second secon									
	a Did th	ne plan h	ave a "funding sh	ortfall" for th	e prior year?	*****************		***************************************			X	Yes	No				
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?																
	<b>c</b> If 20a	ı is "Yes,	" see instructions	and comple	te the following table as ap	plicable:			And the latest and th								
					Liquidity shortfall as of er	nd of quarter	of this plar	n year					***************************************				
	***	(1) 1s	t		(2) 2nd		(3)	3rd			(4) 4th	***************************************					
		***************************************	***************************************	terret medit militari medit medit di periodi di della				***************************************									

Pa	rt V	Assumptio	ns used to determine	funding target and targ	et normal cost						
21	Disco	ount rate:									
	a s	egment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment 6.57 %	6	N/A, full yield curve used				
	<b>b</b> A	pplicable month	(enter code)	***************************************	**************************************	. 21b	4				
22	Weig	hted average re		***************************************	***************************************	22	62				
23	Morta	ality table(s) (se	e instructions) 🛛 Pr	escribed - combined	Prescribed - separate	Substitut	е				
Pa	rt VI	Miscellane	ous items								
24				tuarial assumptions for the cur	•		·				
25		·		an year? If "Yes," see instruct							
***************************************				Participants? If "Yes," see ins	<del></del>						
27	If the	plan is eligible f	or (and is using) alternative fu	nding rules, enter applicable co	ode and see instructions	27	730 [] 73				
Pa				ım required contribution		<u> </u>					
28	-			years		28					
29				d unpaid minimum required co		29					
30		<del></del>		ntributions (line 28 minus line 2		30	0				
Pa	rt VIII	Minimum	required contribution	for current year							
31											
*************	<b>a</b> Ta	rget normal cost	(line 6)	***************************************	***************************************	31a	0				
***************************************	<b>b</b> Ex										
32	Amor	tization installme	ance	Installment							
	a Ne	et shortfall amort	tization installment	***************************************		706,976	156,069				
	b w	aiver amortizatio	on installment	***************************************							
33				ter the date of the ruling letter) and the waived amou		33					
34	Total	funding requirer	ment before reflecting carryov	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	34	156,069				
************				Carryover balance	Prefunding bala	ince	Total balance				
35			use to offset funding				0				
36	Addit	ional cash requir	rement (line 34 minus line 35)	*************************************		36	156,069				
37				ontribution for current year adju		37	157,728				
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)		<u> </u>					
	<b>a</b> Total (excess, if any, of line 37 over line 36)										
	<b>b</b> Po	ortion included in	38b	0							
39	Unpa	id minimum requ	uired contribution for current y	39	0						
40	Unpa	id minimum requ	40	0							
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)											
41	41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:										
×	a Sch	nedule elected	***************************************	***************************************	***************************************	To the state of th	2 plus 7 years 15 years				
	<b>b</b> Elic	gible plan year(s	) for which the election in line	*******************************							
42						42					
				d over to future plan years		43					
				· · ·							