## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accor	uance wit	i the mstructions to the Form 5500	-ог.			
	art I Annual Report Identification Information						
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)			
С	Check box if filing under:	automatio	extension		DFVC program		
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
PIZZ	'A WHOLESALE OF LEXINGTON, INC. 401(K) RETIREMENT SAVI	NGS PLAN	J		plan number		
			-	4 -	(PN) 001		
				10	Effective date of plan 07/01/2005		
2a	Plan sponsor's name and address; include room or suite number (e	employer, i	for a single-employer plan)	2b	Employer Identification Number		
PIZZ	ZA WHÖLESALE OF LEXINGTON, INC.				(EIN) 61-0967182		
				2c	Sponsor's telephone number		
	BOX 757		-	24	859-987-4743		
PARI	IS, KY 40362			Zū	Business code (see instructions) 424400		
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	9")	3b	Administrator's EIN		
	A WHOLESALE OF LEXINGTON, INC. P.O. BOX 75 PARIS, KY 4	7			61-0967182		
			3C	Administrator's telephone number 859-987-4743			
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	report filed for this plan, enter the	4b EIN				
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a	8		
b			<u> </u>	5b	12		
C			<del> </del>	JD	12		
	complete this item)			5c	12		
6a	Were all of the plan's assets during the plan year invested in eligib		,		X Yes No		
b	3				X Yes □ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•				
Pa	art III Financial Information			<del>•</del> •			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	. 7a	1744501		3034459		
b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1744501		3034459		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		240822				
	(1) Employers	` '	249822				
	(2) Participants	` '	366606				
	(3) Others (including rollovers)	` '	107000				
b	` '		-107633		500705		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			508795		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	317579				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	. 8g	1386				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				318965		
i	Net income (loss) (subtract line 8h from line 8c)				189830		
j	Transfers to (from) the plan (see instructions)	. 8j	1100128				

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Part IV	Plan	Characteristics
Parriv	Pian	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 3D
- 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	А	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		Х			
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				14011
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.)	10q		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ection :	302 of	ERISA?	Yes	× No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th					
-	you 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			
d	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			
<u>e</u>	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?			Y	′es X No		
	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.)						
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to 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/re	port, ir	ncludin	g, if applicab		

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	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

	art I Annual Report Identification Information								
For	r	01/01/	2011 and ending		12/31/2011				
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	ın year return/report (less than 12 mo	onths)					
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program				
	special extension (enter description	on)							
Pa	art II Basic Plan Information—enter all requested inform	ation							
	Name of plan			1b	Three-digit				
Ρi	zza Wholesale of Lexington, Inc. 401(k)	Retire	ment Savings Plan	'	plan number 001				
					(PN) POT Effective date of plan				
	07/01/2005								
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b i	Employer Identification Number				
Рi	zza Wholesale of Lexington, Inc.			(	EIN) 61-0967182				
ם	O. Box 757			1	Sponsor's telephone number				
Γ.	0. BOX 757				359-987-4743				
Рa	ris KY 40362		The state of the s		Business code (see instructions)				
3a	Plan administrator's name and address (if same as plan sponsor, e.	nter "Same	,"\		Administrator's EIN				
Pi	Plan administrator's name and address (if same as plan sponsor, ezza Wholesale of Lexington, Inc.		,	•	51-0967182				
Р.	O. Box 757				Administrator's telephone number 859-987-4743				
4	ris KY 40362  If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b					
	name, EIN, and the plan number from the last return/report.		plant, enter the	10					
	a Sponsor's name				PN				
5a Total number of participants at the beginning of the plan year			1	5a	88				
b	Total number of participants at the end of the plan year		5b	129					
			1	95	122				
	Number of participants with account balances as of the end of the complete this item).		defined benefit plans do not		129				
С	complete this item)		defined benefit plans do not	5c	129				
c 6a	·	le assets?	defined benefit plans do not (See instructions.)	5c	129 X Yes No				
c 6a	complete this item)	le assets? an indeper and condit	defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)	<b>5c</b>	129 X Yes No				
6a b	complete this item)	le assets? an indeper and condit	defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)	<b>5c</b>	129 X Yes No				
6a b	complete this item)	le assets? an indeper and condit	(See instructions.)  defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550	<b>5c</b>	129				
6a b	complete this item)	an indeper and conditi orm 5500-	defined benefit plans do not  (See instructions.)  Ident qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year	5c	129  X Yes No  Yes No  (b) End of Year				
6a b Pa 7	complete this item)	lle assets? an indeper and condit orm 5500-	(See instructions.)  defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550	5c	129				
6a b Pa 7 a b	complete this item)	lle assets? an indeper and condit orm 5500-	defined benefit plans do not  (See instructions.)  Ident qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year	5c	129  X Yes No  Yes No  (b) End of Year				
6a b Pa 7 a b	complete this item)	lle assets? an indeper and condit orm 5500-	defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  174450	5c	129  X Yes No  Yes No  (b) End of Year  3034459				
6a b Pa 7 a b c 8	complete this item)	ele assets? an indeper and condit orm 5500-  7a 7b 7c	(a) Beginning of Year  174450  (a) Amount	5c	129  X Yes No  X Yes No  (b) End of Year  3034459				
6a b Pa 7 a b c 8	complete this item)	ale assets? an indeper and condit orm 5500-  7a 7b 7c	(See instructions.)  (See instructions.)  Ident qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  174450  (a) Amount	5c (PA) (DO)	129  X Yes No  Yes No  (b) End of Year  3034459				
6a b Pa 7 a b c 8	complete this item)	lle assets? an indeper and condition 5500-  7a 7b 7c  8a(1) 8a(2)	(a) Beginning of Year  174450  (a) Amount	5c (PA) (DO)	129  X Yes No  Yes No  (b) End of Year  3034459				
C 6a b Pa 7 a b c 8 a	complete this item)	le assets? an indeper and conditi orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year 174450 (a) Amount  24982 36660	5c PA) 00.	129  X Yes No  Yes No  (b) End of Year  3034459				
C 6a b Pa 7 a b c 8 a b	complete this item)	le assets? an indeper and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b	(See instructions.)  (See instructions.)  Ident qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  174450  (a) Amount	5c PA) 00.	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N				
C 6a b Pa 7 a b c 8 a b c	complete this item)	le assets? an indeper and conditi orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year 174450 (a) Amount  24982 36660	5c PA) 00.	129  X Yes No  Yes No  (b) End of Year  3034459				
C 6a b Pa 7 a b c 8 a b	complete this item)	le assets? an indeper and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year 174450 (a) Amount  24982 36660	5c PA) 00.	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N				
Gabbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	complete this item)	le assets? an indeper and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (IDFO  (a) Beginning of Year  174450  174450  (a) Amount  24982  36660  -10763	5c PA) 00.	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N				
Gabbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	le assets? an indeper and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) (IDFO  (a) Beginning of Year  174450  174450  (a) Amount  24982  36660  -10763	5c PA) 00.	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N				
C 6a b 7 a b c 8 a b c d e	complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8e	(See instructions.) (IDFO  (a) Beginning of Year  174450  174450  (a) Amount  24982  36660  -10763	5c PA) 00.	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N				
C 6a b 7 a b c d b c d e f	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	le assets? an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 556  (a) Beginning of Year  174450  174450  (a) Amount  24982  36660  -10763	5c PA) 00.	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N				
C 6a b 7 a b c d e f g	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	le assets? an indeper and condit orm 5500-  7a	defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 556  (a) Beginning of Year  174450  174450  (a) Amount  24982  36660  -10763	5c PA) 00.	129  X Yes No  X Yes No  (b) End of Year  3034459  (b) Total				

Form	5500	-SF	201	1

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		cteristics
Part IV		

- 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 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	I	Amour	it		
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time pe y Correction Progr	eriod described in am)	10a		Х		-			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?		10c	Х				500	000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauction or dishonesty?									***************************************	
e 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.)							14	011			
f	Has the plan failed to provide any benefit when due under the plan? $\ldots$			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X		·	····		
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	9 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	ne of the	10i							
Part	VI Pension Funding Compliance				L		<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	? (If "Yes," see ins	tructions and com	plete	Sched	ule SE	3 (Form		es 🗍	No	
12	Is this a defined contribution plan subject to the minimum funding requ							Y	es X	No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)						11	L		
а	If a waiver of the minimum funding standard for a prior year is being an	nortized in this pla	n year, see instruc	tions,	and e	nter th	e date of the	ne letter	ruling		
lf v	granting the waiverou complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	Mont d skip to line 13	:n		Day	******	Year		<del></del>	
_	Enter the minimum required contribution for this plan year	,	•		Γ	12b			····		
	Enter the amount contributed by the employer to the plan for this plan y				-	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	result (enter a min	us sian to the left o	of a		12d					
	Will the minimum funding amount reported on line 12d be met by the fu				-		Yes	No	П	 V/A	
art '	VII Plan Terminations and Transfers of Assets				************		***************************************	***************************************			
13a	Has a resolution to terminate the plan been adopted in any plan year?					Y	es X N				
	If "Yes," enter the amount of any plan assets that reverted to the emplo					<u></u>	<u> </u>				
b	Were all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	ınder	the co	ntrol	***************************************	Пү	es X	No	
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)					.,		<u></u>			
1:	3c(1) Name of plan(s):				13c	(2) EI	N(s)	13c	(3) PN	(s)	
	on: A penalty for the late or incomplete filing of this return/report v										
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have the electronic vers	examined this return/r	rn/rep eport,	ort, inc and to	cluding the b	g, if applica est of my l	ble, a S nowled	chedul ge and	le I	
SIGN	Wenn'y Swan	10/9/12	Dennis Swan	l							
HERE	/ dead	Date	Enter name of inc	dividu	al sign	ing as	plan admi	nistrator			
SICH	100-1/11/19	10/9/12	Dennis Swan				p.c dann				
HERE	on they have been sometiment of the					ndividual signing as employer or plan sponsor					