

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>04/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
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 If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ANTHONY'S PIZZA HOLDING COMPANY LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/2013</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/2013</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/2013</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ANTHONY'S PIZZA HOLDING COMPANY LLC</u> <u>200 WEST CYPRESS CREEK RD</u> <u>SUITE 220</u> <u>FORT LAUDERDALE, FL 33309</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-1394718</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>954-618-2000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>722511</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-1394718</u>	2c Sponsor's telephone number <u>954-618-2000</u>	2d Business code (see instructions) <u>722511</u>	
2b Employer Identification Number (EIN) <u>20-1394718</u>					
2c Sponsor's telephone number <u>954-618-2000</u>					
2d Business code (see instructions) <u>722511</u>					

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	MARIA DELEGAL
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 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: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1847
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	2016
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	2
d Subtotal. Add lines 6a , 6b , and 6c		6d	2018
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	2018
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	19
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3F 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 12/31/2013

A Name of plan <u>ANTHONY'S PIZZA HOLDING COMPANY LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANTHONY'S PIZZA HOLDING COMPANY LLC</u>	D Employer Identification Number (EIN) <u>20-1394718</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>MORGAN STANLEY SMITH BARNEY</u>	<u>2 JERCHO PLAZA</u> <u>1ST FLOOR</u> <u>JERICO, NY 11753</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>MORGAN STANLEY SMITH BARNEY</u>	<u>1585 BROADWAY</u> <u>NEW YORK, NY 10036-8293</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>ASCENSUS</u>	
<u>11-3665754</u>	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>04/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>ANTHONYS PIZZA HOLDING COMPANY LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANTHONYS PIZZA HOLDING COMPANY LLC</u>	D Employer Identification Number (EIN) <u>20-1394718</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		2908
(2) Participant contributions.....	1b(2)		5377
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		2571
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		88468
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	0	99324

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		60419
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	60419

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	38905
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2908	
(B) Participants	2a(1)(B)	90032	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		92940
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	520	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		520
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5864
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		99324

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		60419
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60419

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38905
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BDO**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☒ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		100000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

**Anthony's Pizza Holding Company LLC
401(k) Plan**

**Financial Statements
and Supplemental Schedules
As of December 31, 2013 and for the
period from April 1, 2013 through December 31, 2013**

Anthony's Pizza Holdings Company LLC 401(k) Plan Contents

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* Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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Independent Auditor's Report

To the Plan Administrator of
Anthony's Pizza Holding Company LLC 401(K) Plan
Fort Lauderdale, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Anthony's Pizza Holding Company LLC 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the period from April 1, 2013 to December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Frontier Trust Company, an Ascensus subsidiary, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and for the period from April 1, 2013 to December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held for Investment Purposes at End of Year) as of December 31, 2013 and Schedule of Delinquent Contributions are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

October 15, 2014

Certified Public Accountants

Anthony's Pizza Holding Company LLC 401(k) Plan
Statement of Net Assets Available for Plan Benefits

<i>December 31,</i>	2013
Assets	
Investments, at estimated fair value:	
Mutual Funds	\$ 91,039
Total investments	91,039
Receivables:	
Participant contributions	5,377
Employer contributions	2,908
Total receivables	8,285
Total Assets	99,324
Liabilities	
Excess Contributions Payable	60,419
Net assets available for plan benefits	\$ 38,905

See accompanying independent auditor's report and notes to financial statements.

Anthony's Pizza Holdings Company LLC 401(k) Plan

Statement of Changes in Net Assets Available for Plan Benefits

<i>Year ended December 31,</i>	2013
Additions:	
Investment income:	
Interest and dividends	\$ 520
Net appreciation in fair market value of investments	5,864
Total investment income	6,384
Contributions:	
Participants	90,032
Employer	2,908
Total contributions	92,940
Total additions and investment income	99,324
Deductions:	
Corrective distribution	60,419
Total deductions	60,419
Net increase	38,905
Net assets available for plan benefits, April 1, 2013	-
Net assets available for plan benefits, end of year	\$ 38,905

See accompanying independent auditor's report and notes to financial statements.

Anthony's Pizza Holdings Company LLC 401(k) Plan

Notes to Financial Statements

1. Plan Description

The following description of Anthony's Pizza Holdings Company LLC 401(k) Plan (the "Plan") provides general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Anthony's Pizza Holdings Company LLC 401(k) Plan was created on April 1, 2013. The Plan is a single employer defined contribution plan covering all eligible employees of Anthony's Pizza Holding Company LLC., (referred to as the "Company"). Participants, age twenty one or older, are eligible to participate in the Plan after completion of the third month following their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to have their employer make salary reduction contributions, including regular salary and wages, overtime pay, bonuses and commissions. Contributions cannot exceed the limitation contained in Section 402(g) of the Internal Revenue Code (\$17,500 in 2013).

Participants who have attained age 50, or are projected to attain age 50 before the close of the calendar year, may make pre-tax contributions up to an additional limit of \$5,500 for 2013.

A participant may transfer contributions (rollover) from one or more tax-qualified retirement plans to the Plan.

The Company contributes for each participant a discretionary matching quarter of one percent of a participant's elective contributions. These contributions and their related earnings thereon are subject to certain participant vesting provisions. The Company may also make profit sharing contributions at its discretion.

Participants' Accounts

Each participant's account is credited with the participant's salary reduction contribution and an allocation of (a) the Company's contributions and (b) Plan earnings and losses. Allocations of the Plan's earnings or losses in each investment option are made to the individual participant's accounts based on the ratio of each participant's current account balances in the respective investment option to total Plan participants' account balances in the respective investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Anthony's Pizza Holding Company LLC 401(k) Plan

Notes to Financial Statements

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on continuous service. A participant vesting schedule is as follows:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than a year	0%
One	0%
Two	20%
Three	40%
Four	60%
Five	80%
Six	100%

Participant notes receivable

Under the terms of the Plan, participants may borrow from their fund accounts an amount not less than \$1,000 up to a maximum amount, which is equal to the lesser of 50 percent of their vested account balance or \$50,000. Loan repayments cannot exceed 5 years unless the loan proceeds are used to purchase a primary residence, for which the period cannot exceed 10 years. The loans are secured by the vested balance in the participant's account and bear interest at a reasonable rate of interest based on prevailing interest rates. Participants may only have one (1) loan outstanding at any given time. In the event of default, disability, or termination of employment, the entire outstanding principal and accrued interest shall be immediately due and payable. There were no note receivables in the Plan as of December 31, 2013.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Delinquent notes receivable are reclassified as distributions based on the terms of the Plan document.

Excess Contribution Payable

In the event that participant contributions exceed contribution limitations of the Plan, corrective distributions may be required according to the terms of the Plan document. Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. Excess contributions refundable were \$60,419 as of December 31, 2013. These excess contributions have been distributed to the applicable participants prior to April 15 of the following year.

Anthony's Pizza Holding Company LLC 401(k) Plan

Notes to Financial Statements

Payment of Benefits

Each participant may elect a distribution in the form of a single sum cash payment or rollover at normal retirement age (attainment of age 65).

Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account or a lump sum amount at the normal retirement age, depending on the amount of the participant's vested interest.

Forfeitures

Forfeitures of the non-vested account balances of participants are used by the employer first to pay administrative expenses. Any remaining amounts will be used to reduce future contributions to the Plan. There were no forfeitures the year ended December 31, 2013.

Plan Administrator and Trustee

The Plan is administered by the Company and the Plan's assets are maintained by Frontier Trust Company, an Acensus Company (the "Trustee"). Acensus is the record-keeper.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a termination, all amounts credited to a participant's account will be fully vested and paid to the participant.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

Mutual Funds

Mutual funds represent investments with various investment managers. The fair value of these investments is determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the quoted net asset value as of December 31, 2013.

Anthony's Pizza Holding Company LLC 401(k) Plan

Notes to Financial Statements

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of assets and changes therein and disclosure of contingent assets and liabilities in the financial statements and accompanying notes. Actual results could differ from those estimates.

Contributions

Employee contributions are recorded in the period during which the Company makes payroll deductions from the Plan participants' earnings. Contributions and rollovers are directed by the participant into any of the twenty-six participant directed investment options.

Administrative Expenses

The Plan pays the Trustee short term trading fees, loan origination fees and service fees. For the period ended December 31, 2013 there were no administrative fees. Investment related expenses are included in net appreciation in the fair market value of investments. All other fees are paid by the Company.

Benefit Payments

Benefits are recorded when paid.

Risks and Uncertainties

The Plan provides for various investment options. These investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

3. Investments

Investments that represent 5% or more of the Plan's net assets as of December 31, 2013 , are as follows:

<u>December 31,</u>		<u>2013</u>
Oppenheimer Equity Income N	\$	12,372
Franklin Growth R		11,881
Oppenheimer Developing Markets Fund N		11,154
Oppenheimer International Growth N		8,626
Oppenheimer Discovery Mid Cap Growth N		8,456
Lord Abbet Short Duration Income R3		6,700
Victory Established Value R		5,601

Anthony's Pizza Holding Company LLC 401(k) Plan

Notes to Financial Statements

During 2013, the Plan's investments including gains and losses on investments bought and sold, as well as investments held during the year, appreciated in value by \$5,864.

4. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan has certified the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2013, the supplemental schedule of assets held for investments purposes at December 31, 2013 and the related investment activity reflected in the statement of changes in net assets available for plan benefits for the year ended December 31, 2013.

5. Fair Value Measurements

ASC 820, Fair Value Measurement and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table set forth, by level within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2013.

Investment Assets at Fair Value as of December 31, 2013				
Investment Option	Level 1	Level 2	Level 3	Total
Mutual Funds				
Growth Fund	\$ 35,436	\$ -	\$ -	\$ 35,436
Value Fund	22,302	-	-	22,302
Emerging Markets	11,523	-	-	11,523
Blended Fund	9,473	-	-	9,473
Bond Fund	9,734	-	-	9,734
Money Market	2,571	-	-	2,571
Total investment assets at fair value	\$ 91,039	\$ -	\$ -	\$ 91,039

Anthony's Pizza Holding Company LLC 401(k) Plan

Notes to Financial Statements

6. Related-Party Transactions

Certain Plan investments are shares of mutual funds managed by Acensus, a related party of the Plan's Trustee and, therefore, the transactions qualify as party-in interest transactions. For the year ended December 31, 2013, fees paid by the Plan Sponsor.

8. Income Tax Status

The Plan adopted a Prototype Profit Sharing Plan sponsored by the Trustee, which had received a favorable opinion letter from the Internal Revenue Service ("IRS") which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Since this adoption of the Prototype Profit Sharing Plan, the Plan has had several amendments. The prototype plan has received a determination letter from the Internal Revenue Service dated March 31, 2008, stating that the Plan is qualified under Section 401(a) of the Internal revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax exempt.

9. Non-Exempt Transactions

During the Plan year ended December 31, 2013, employee withholdings in the amounts of \$6,175 were not remitted within the appropriate time period by the Company. These transactions constitute prohibited transactions as defined by ERISA. The Company is aware of the occurrence and has taken the appropriate steps to correct the situation. Estimated interest assessed on these amounts was \$7 for the year ended December 31, 2013. The Company has chosen to correct this without use of the Voluntary Fiduciary Contribution Program. Furthermore, the Company does not believe that these prohibited transactions will have a material impact on the accompanying financial statements and supplemental schedules.

10. Subsequent Events

Management has evaluated subsequent events for potential recognition or disclosure in the financial statements through October 15, 2014, the date upon which the Plan's financial statements were available for issuance.

Supplemental Schedule

Anthony's Pizza Holding Company LLC 401(k) Plan

Schedule of Assets (Held for Investment Purposes at End of Year)

Employer Identification Number 20-1394718

Plan Number: 001

Schedule H

Line 4i Schedule of Assets (Held at End of Year)

At December 31,		2013		
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	PUTNAM MONEY MARKET TRUST R	Cash/Stable Value	a	\$ 2,571
	JP MORGAN SMART RETIREMENT INCOME R2	Mutual Fund	a	1,829
	LORD ABBET SHORT DURATION INCOME R3	Mutual Fund	a	6,700 **
	PRUDENTIAL HIGHT-YIELD R	Mutual Fund	a	2,345
	AMERICAN CENTURY INFL-ADJ BOND R	Mutual Fund	a	191
	FRANKLIN STRATEGIC INCOME R	Mutual Fund	a	12
	PRUDENTIAL TOTAL RETURN BOND R	Mutual Fund	a	486
	OPPENHEIMER INTERNATIONAL GROWTH N	Mutual Fund	a	8,626 **
	FRANKLIN GROWTH R	Mutual Fund	a	11,881 **
	EASTON VANCE-LARGE CAP VALUE R	Mutual Fund	a	2,733
	NUVEEN SYMPHONY MID-CAP CORE FUND R3	Mutual Fund	a	1,015
	OPPENHEIMER DISCOVERY MID CAP GROWTH N	Mutual Fund	a	8,456 **
	BLACKROCK SMALL CAP GROWTH II R	Mutual Fund	a	1,672
	JPMORGAN LARGE CAP VALUE R 2	Mutual Fund	a	1,596
	MFS INTERNATIONAL DIVERSIFICATION R2	Mutual Fund	a	1,000
	MFS GROWTH R2	Mutual Fund	a	1,469
	VICTORY ESTABLISHED VALUE R	Mutual Fund	a	5,601 **
	GOLDMAN SACHS STRATEGIC GROWTH R	Mutual Fund	a	3,332
	FEDERATED MDT MID CAP GR STRATS R	Mutual Fund	a	910
	AMERICAN CENTURY EMERGING MARKETS R	Mutual Fund	a	369
	AMERICAN CENTURY ONE CHOICE 2015R	Mutual Fund	a	3,312
	AMERICAN CENTURY ONE CHOICE 2030R	Mutual Fund	a	35
	AMERICAN CENTURY ONE CHOICE 2040R	Mutual Fund	a	1,066
	AMERICAN CENTURY ONE CHOICE 2045R	Mutual Fund	a	263
	AMERICAN CENTURY ONCE CHOICE 2055R	Mutual Fund	a	43
	OPPENHEIMER DEVELOPING MARKETS FUND N	Mutual Fund	a	11,154 **
	OPPENHEIMER EQUITY INCOME FUND N	Mutual Fund	a	12,372 **
	TOTAL INVESTMENTS			\$ 91,039

* A party in interest as defined by ERISA

** The fair value of these individual investments is 5% or more of the Plan's net assets as of December 31, 2013.

(a) The cost of participant-directed investments is not required to be disclosed.

Anthony's Pizza Holding Company LLC 401(k) Plan
Schedule of Assets (Held for Investment Purposes at End of Year)

Employer Identification Number 20-1394718
Plan Number: 001

Schedule H, Line 4a - Schedule of Delinquent Contributions-
For the Year Ended December 31, 2013

<u>Total that Constitute Nonexempt Prohibited Transactions</u>					
<u>Year</u>	<i>Contributions and Loan</i>	<i>Contributions</i>	<i>Contributions</i>	<i>Contributions</i>	<i>Total fully</i>
	<i>Repayments Transferred</i>	<i>not corrected</i>	<i>corrected</i>	<i>pending</i>	<i>corrected</i>
	<i>Late to the Plan</i>		<i>outside VFCP</i>	<i>correction</i>	<i>under VFCP</i>
					<i>and PTE</i>
					<i>2002-51</i>
2012	Employee withholdings	\$ -	\$ -	\$ -	\$ 6,175

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANTHONYS PIZZA HOLDING COMPANY LLC 401(K) PLAN

EIN: 20-1394718

Plan Sponsor's Name ANTHONYS PIZZA HOLDING COMPANY LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Putnam	Putnam Money Market Trust R	0	2,571
	JPMorgan	JPMorgan SmartRetirement Income R2	0	1,829
	Lord Abbett	Lord Abbett Short Duration Income R3	0	6,700
	Prudential	Prudential High-Yield R	0	2,345
	American Century	American Century Infl-Adj Bond R	0	191
	Franklin	Franklin Strategic Income R	0	12
	Prudential	Prudential Total Return Bond R	0	486

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANTHONYS PIZZA HOLDING COMPANY LLC 401(K) PLAN

EIN: 20-1394718

Plan Sponsor's Name ANTHONYS PIZZA HOLDING COMPANY LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer International Growth N	0	8,626
	Franklin	Franklin Growth R	0	11,881
	Eaton Vance	Eaton Vance Large-Cap Value R	0	2,733
	Nuveen	Nuveen Symphony Mid-Cap Core Fund R3	0	1,015
	Oppenheimer	Oppenheimer Discovery Mid Cap Growth N	0	8,456
	BlackRock	BlackRock Small Cap Growth II R	0	1,672
	JPMorgan	JPMorgan Large Cap Value R2	0	1,595

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANTHONYS PIZZA HOLDING COMPANY LLC 401(K) PLAN

EIN: 20-1394718

Plan Sponsor's Name ANTHONYS PIZZA HOLDING COMPANY LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MFS	MFS International Diversification R2	0	1,000
	MFS	MFS Growth R2	0	1,470
	Victory	Victory Established Value R	0	5,601
	Goldman Sachs	Goldman Sachs Strategic Growth R	0	3,332
	Federated	Federated MDT Mid Cap Gr Strats R	0	910
	American Century	American Century Emerging Markets R	0	369
	American Century	American Century One Choice 2015 R	0	3,312

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANTHONYS PIZZA HOLDING COMPANY LLC 401(K) PLAN

EIN: 20-1394718

Plan Sponsor's Name ANTHONYS PIZZA HOLDING COMPANY LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Century	American Century One Choice 2030 R	0	35
	American Century	American Century One Choice 2040 R	0	1,066
	American Century	American Century One Choice 2045 R	0	263
	American Century	American Century One Choice 2055 R	0	43
	Oppenheimer	Oppenheimer Developing Markets Fund N	0	11,154
	Oppenheimer	Oppenheimer Equity Income N	0	12,372