	Form 5500-SF Short Form Annual Return/Report of Small				/ee	OMB Nos. 1210-0110 1210-0089					
Internal Revenue Service			Benefit Plan			2010					
Er	Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Employee Benefits Security Administration         Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public					
P	Pension Benefit Guaranty Corporation	)-SF.	Inspection								
Perision Benefit Guaranty Composition <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Part I Annual Report Identification Information</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Part I Annual Report Identification Information</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Part I Annual Report Identification Information</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the form 5500-SF.</li> <li>Complete all entries in accordanc</li></ul>											
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan					
B	This return/report is for:	first return/report	n/report								
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	_					
С	Check box if filing under:	Form 5558		extension		DFVC program					
special extension (enter description)											
		nation—enter all requested information	ation		16	The second state					
	Name of plan KO S RESTAURANT, INC. PRO	FIT SHARING PLAN			ai	Three-digit plan number					
iviii (i						(PN) ▶ 001					
					1c	Effective date of plan 01/01/1994					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-2668445					
P.O.	BOX 217				2c	Plan sponsor's telephone number 631-726-4444					
	ER MILL SQUARE ER MILL, NY 11976				2d	Business code (see instructions) 722110					
3a MIRK	Plan administrator's name and O S RESTAURANT, INC.	address (if same as Plan sponsor, e P.O. BOX 21	7		3b	Administrator's EIN 11-2668445					
WATER MILL SQUARE WATER MILL, NY 11976					3c	Administrator's telephone number 631-726-4444					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				4b	EIN						
name, EIN, and the plan number from the last return/report. Sponsor's name					4c	PN					
5a Total number of participants at the beginning of the plan year					5a	6					
b	Total number of participants at	the end of the plan year			5b	6					
C	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	6					
6a	· · ·		le assets?	(See instructions.)		Yes No					
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>											
	(	er 6a or 6b, the plan cannot use Fo		/							
Pa	rt III Financial Informa	ation									
7	Plan Assets and Liabilities			(a) Beginning of Year 1114929		(b) End of Year 1256601					
a	•		. 7a	0 0		0					
b	•	(h faran lina 7a)		1114929		1256601					
<u> </u>		b from line 7a)	7c								
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total					
ű			8a(1)	63716							
	· · · · ·		00(1)								
	(2) Participants		8a(2)	C							
-	()			0							
b	(3) Others (including rollovers) Other income (loss)		8a(2) 8a(3) 8b			445000					
c	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1),		8a(2) 8a(3) 8b	0		145388					
_	<ul> <li>(3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), a</li> <li>Benefits paid (including direct r</li> </ul>		8a(2) 8a(3) 8b	0		145388					
c	<ul> <li>(3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), 5</li> <li>Benefits paid (including direct rolloprovide benefits)</li> </ul>	Ba(2), 8a(3), and 8b) ollovers and insurance premiums	8a(2) 8a(3) 8b 8c	81672		145388					
c d	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), a Benefits paid (including direct r to provide benefits) Certain deemed and/or correct	Ba(2), 8a(3), and 8b) ollovers and insurance premiums	. 8a(2) . 8a(3) . 8b . 8c . 8c . 8d . 8e	0 81672 3716		145388					
c d e	<ul> <li>(3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), a</li> <li>Benefits paid (including direct rolloprovide benefits)</li> <li>Certain deemed and/or correct</li> <li>Administrative service provide</li> </ul>	Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions)	. 8a(2) . 8a(3) . 8b . 8c . 8c . 8d . 8e	0 81672 3716 0		145388					
c d e f	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), a Benefits paid (including direct r to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses	Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions) s (salaries, fees, commissions)	8a(2) 8a(3) 8b 8c 8c 8d 8d 8e 8f	0 81672 3716 0 0		3716					
c d e f g	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), Benefits paid (including direct r to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses Total expenses (add lines 8d, 8	Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions) s (salaries, fees, commissions)	8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8f 8g 8h	0 81672 3716 0 0							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 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		Amo	unt			
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	ר <b>10a</b>		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		Х						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraue or dishonesty?	10d		Х						
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.)	10e		x						
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i								
Part	VI Pension Funding Compliance									
11										
12										
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> <li>Month Day Year</li> </ul>									
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	_							
b	Enter the minimum required contribution for this plan year			12b						
С	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 le negative amount)			12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	0	N/A		
Part	VII Plan Terminations and Transfers of Assets									
13a	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?						X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a						
b	<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li></ul>									
<ul> <li>C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)</li> </ul>										
1	<b>3c(1)</b> Name of plan(s):		<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(			PN(s)				
Court	on. A penalty for the late or incomplete filing of this return/report will be assessed unless reason			octobi	ishod					
	$\infty$ = occord of the late of incomplete minor of this remainded will be assessed unless reason		135 15	cardull	ancu.					

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

belief, it is true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature.	09/08/2011	EILEEN ZAGAR					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	09/08/2011	EILEEN ZAGAR					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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	Form 5500-SF	Short Form Annual R	eturn/ Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service			ed under sections 104 and 4065 of the Employee			e 2010			
En	Department of Labor Retirement Income Security A			4 (ERISA), and section 6058(a) of the	e	This Form is Open to Public			
	Popping Reposit Currently Comparting			• •		Inspection			
P	art I Annual Report le	dentification Information	dance wit	h the instructions to the Form 550	0-SF.				
	the calendar plan year 2010 or		01/0	1/2010 and ending	12	/31/2010			
Α	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)	<u></u>	one-participant plan			
в	This return/report is for:	first return/report	final retur		L				
	• • • • · · · · ·	an amended return/report		) year return/report (less than 12 mont	ha)				
С	Check box if filing under:	Form 5558		extension	па) Г				
		special extension (enter description		extension	DFVC program				
D	art II   Papia Dian Inform		-						
	Art II Basic Plan Infor	mation enter all requested infor	mation.		16				
						Three-digit plan number			
	MIIKO'S RESTAURANT, I	nc. Profit Sharing Plan			-	(PN) ► 001			
						Effective date of plan 01/01/1994			
2a	Plan sponsor's name and addre	ss (employer, if for single-employer pl	lan)			Employer Identification Number			
	Mirko's Restaurant, I	ac.	•		(	EIN) 11-2668445			
	P.O. Box 217					Plan sponsor's telephone number			
	Water Mill Square				-	(631) 726-4444 Business code (see instructions)			
<u>υs</u> 3a	Water Mill	NY 11976			722110				
Ja	Same	address (If same as plan employer, en	iter "Same	<b>'</b> )	3b /	Administrator's EIN			
				3c Administrator's telephone number					
4	If the name and/or EIN of the pla	an sponsor has changed since the las	t return/rep	ort filed for this plan, enter the	4b EIN				
	name, EIN and the plan number	from the last return/report. Sponsor's	Name		; PN				
5a	Total number of participants at the	he beginning of the plan year			5a	6			
b	Total number of participants at the	he end of the plan year			5b	6			
C	Total number of participants with complete this item)	account balances as of the end of th	e plan yea	r (defined benefit plans do not	5c				
6a	Were all of the plan's assets dur	ing the plan year invested in eligible a	issets? (Se	e instructions.)		66			
b	Are you claiming a waiver of the	annual examination and report of an i	independe	nt qualified public accountant (IOPA)					
		e instructions on waiver eligibility and			•••	•••• 🕱 Yes 🗌 No			
Pa	rt III Financial Informa	6a or 6b, the plan cannot use Form	1 2200-21	and must instead use Form 5500.					
<u>, a</u> 7	Plan Assets and Liabilities		order in the second	(a) Paginging of Year					
a	Total plan assets		7-	(a) Beginning of Year		(b) End of Year			
b	Total plan liabilities		7a 7b	1,114,929		1,256,601			
с	Net plan assets (subtract line 7b	from line 7a)	70 70	1,114,929		1,256,601			
8	Income, Expenses, and Transfer				-				
a	Contributions received or receiva			(a) Amount		(b) Total			
	(1) Employers		8a(1)	63,716					
	(2) Participants		8a(2)	00					
	(3) Others (including rollovers).		8a(3)	00					
b	Other income (loss)		8b	81,672	500				
C d	Total income(add lines 8a(1), 8a Benefits paid (including direct rol to provide benefits)	(2), 8a(3), and 8b)	80			145,388			
6		• • • • • • • • • • • • •	8d	3,716	19.25				
e f		e distributions (see instructions)	8e	0	13				
g	Other expenses	(salaries, fees, commissions)	8f	0	-				
	•	• • • • • • • • • • • •	8g	0					
n i	Total expenses (add lines 8d, 8e		<u>8h</u>		<u>।</u>	3,716			
1 1	Net income (loss) (subtract line 8		<u>8i</u>		i Arim.	141,672			
1	Transfers to (from) the plan (see	instructions)	8j	0	and the second				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV **Plan Characteristics** 

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

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**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	Am	ount					
a	Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x							
a	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	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x							
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	· · · ·						
f	Has the plan failed to provide any benefit when due under the plan?	101		x							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			x							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			x		· · · · · · · ·	·				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
	Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	lete Sc	hedule	SB (F	Form	Yes 🗴	]No				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes XNo (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructigranting the waiver	ons, ar	nd ente	r the c	late of the lette	er ruling ar					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Buy	10						
b	Enter the minimum required contribution for this plan year		. [	12b							
С	Enter the amount contributed by the employer to the plan for this plan year		. [	12c							
d											
е	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 during the plan year or any prior year?					Yes 🗴	]No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		٦.	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	der the	contr			Yes X					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)											
1	3c(1) Name of plan(s):		130	:(2) El	N(s)	13c(3) PN(	(s)				
		ļ									
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable c		oetał	liebor	<u>_</u>						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true forrest, and complete.											
					·						
SIGN		***									
	Parte Parte Enter hand of the		signir	ig as p	ian administra	tor					
SIGN	I man i man										
	Signature of employer/plan sponsor Date Enter name of inc	uviduai	sianir	a as e	mnlover or ols	in shonsor					

Date

Enter name of individual signing as employer or plan sponsor