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), 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [X] special extension (enter description) HURRICANE IRENE

Part II Basic Plan Information—enter all requested information

1a Name of plan
SBRC, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC.

40 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797

2b Employer Identification Number (EIN)
11-2385512

2c Sponsor's telephone number
516-333-8777

2d Business code (see instructions)
722300

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.	10/28/2011	MICHELE M RASCONA
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC.

40 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797

3b Administrator's EIN
11-2385512

3c Administrator's telephone number
516-333-8777

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	388
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**	365
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	385
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	385
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	44
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	53
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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	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)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
SBRC, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC.

D Employer Identification Number (EIN)
11-2385512

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).. . . . . [X] 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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Enter name and EIN or address of person who provided you disclosure 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)

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(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?
64 52 60 62 25 49 72 37	RECORDKEEPER	1525	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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

(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

(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

(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

(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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
SBRC, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC.

D Employer Identification Number (EIN)
11-2385512

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): INVESCO FUNDS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1142974-001	C	114241

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
SBRC, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC.

D Employer Identification Number (EIN)
11-2385512

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	8982	6121
(9) Value of interest in common/collective trusts	1c(9)	91118	114241
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	622097	753604
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	722197	873966
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	722197	873966

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)	8460	
(B) Participants	2a(1)(B)	89596	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		98056
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)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	455	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		455
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14138	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		14138
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2690
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		69526
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		184865
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17824	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17824
f Corrective distributions (see instructions)	2f		13747
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1525	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1525
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33096
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		151769
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MARGOLIN, WINER & EVANS LLP **(2)** EIN: 11-1558868

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
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.)	4a		X	
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.)	4b		X	
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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
SBRC, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC.

D Employer Identification Number (EIN)
11-2385512

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691658

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SBRC, INC 401(K) PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULE
WITH
ACCOMPANYING INDEPENDENT AUDITOR'S REPORT
AND
NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2010
AND
FOR THE YEAR THEN ENDED

JOSEPG G. GONZAL, CPA

SBRC, INC 401(K) PLAN

INDEX TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2010 AND FOR THE YEAR THEN ENDED

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JOSEPH G. GONZAL, CPA

NYS CPA 031453
666 OLD COUNTRY RD., SUITE 507
GARDEN CITY, NY 11530-2016
PHONE: 516-227-1101 FAX: 516-745-6426
E-MAIL: CPAGONZAL@OPTONLINE.NET

INDEPENDENT AUDITOR'S REPORT

TO THE PLAN ADMINISTRATOR AND PARTICIPANTS OF
SBRC, INC 401(K) PLAN
WOODBURY, NEW YORK

I WAS ENGAGED TO AUDIT THE ACCOMPANYING STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS OF SBRC, INC 401(K) PLAN (THE "PLAN") AS OF DECEMBER 31, 2010, AND THE RELATED STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2010, AND THE SUPPLEMENTAL SCHEDULE (PAGE 11) OF PLAN ASSETS HELD FOR INVESTMENT PURPOSES. THESE FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE ARE THE RESPONSIBILITY OF THE PLAN'S MANAGEMENT. THE FINANCIAL STATEMENTS OF THE PLAN AS OF DECEMBER 31, 2009 AND FOR THE YEAR THEN ENDED WERE AUDITED BY OTHER AUDITORS. AS PERMITTED BY 29 CFR 2520.103-8 OF THE DEPARTMENT OF LABOR'S (DOL) RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA), THE PLAN ADMINISTRATOR INSTRUCTED THE OTHER AUDITORS NO TO PERFORM, AND THEY DID NOT PERFORM, ANY AUDITING PROCEDURES WITH RESPECT TO THE INFORMATION CERTIFIED BY THE TRUSTEE. THEIR REPORT, DATED MARCH 29, 2011, INDICATED THAT (A) BECAUSE OF THE SIGNIFICANCE OF THE INFORMATION THAT THEY DID NOT AUDIT, THEY WERE UNABLE TO, AND DID NOT, EXPRESS AN OPINION ON THE FINANCIAL STATEMENTS TAKEN AS A WHOLE, AND (B) THE FORM AND CONTENTOF THE INFORMATION INCLUDED IN THE FINANCIAL STATEMENTS, OTHER THAN THAT DERIVED FROM THE INFORMATION CERTIFIED BY THE TRUSTEE, WERE PRESENTED IN COMPLIANCE WITH THE DOL'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.

AS PERMITTED BY 29 CFR 2520.103-8 OF THE DEPARTMENT OF LABOR' S (DOL) RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA), THE PLAN ADMINISTRATOR INSTRUCTED ME NOT TO PERFORM, AND I DID NOT PERFORM, ANY AUDITING PROCEDURES WITH RESPECT TO THE INVESTMENT INFORMATION REPORTED IN THE FINANCIAL STATEMENTS, WHICH WAS CERTIFIED BY CAPITAL BANK AND TRUST COMPANY, THE TRUSTEE OF THE PLAN'S ASSETS HELD FOR INVESTMENT, EXCEPT FROM COMPARING SUCH INFORMATION WITH THE RELATED INFORMATION INCLUDED IN THE FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE.

BECAUSE OF THE SIGNIFICANCE OF THE INFORMATION THAT I DID NOT AUDIT, I AM UNABLE TO, AND DO NOT, EXPRESS AN OPINION ON THE ACCOMPANYING FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE TAKEN AS A WHOLE. THE FORM AND CONTENT OF THE INFORMATION INCLUDED IN THE FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE, OTHER THAN THAT DERIVED FROM THE INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES, HAVE BEEN AUDITED BY ME IN ACCORDANCE WITH AUDITING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AND, IN MY OPINION, ARE PRESENTED IN COMPLIANCE WITH DOL'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE ERISA.



GARDEN CITY, NY
SEPTEMBER 29, 2011

SBRC, INC 401(K)PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

AS OF DECEMBER 31, 2010

ASSETS

TOTAL INVESTMENTS, AT FAIR MARKET VALUE, REPRESENTING		
PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES	**PAGE 11**	**$ 873,966**

SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS.

SBRC, INC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2010

INVESTMENT INCOME:		
INCREASE IN NET ASSETS ATTRIBUTED TO CHANGE IN FAIR MARKET VALUE OF INVESTMENTS	$	69,526
OTHER		17,283
		86,809
EMPLOYEE CONTRIBUTIONS		89,596
EMPLOYER CONTRIBUTIONS		8,460
		184,865
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
BENEFITS PAYMENTS TO PARTICIPANTS OR BENEFICIARIES		31,571
CONTRACT ADMINISTRATIVE FEES AND OTHER DEDUCTIONS		1,525
TOTAL DEDUCTIONS		33,096
NET INCREASE		151,769
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR, JANUARY 1, 2010		722,197
END OF YEAR, DECEMBER 31, 2010	$	873,966

SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS.

1. DESCRIPTION OF PLAN

GENERAL HISTORY PURPOSE / THE PLAN EFFECTIVE JANUARY 1, 2002, IS A VOLUNTARY CONTRIBUTION RETIREMENT SAVINGS PLAN AVAILABLE TO ELEGIBLE EMPLOYEES, AS DEFINED, OF SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC AND IT'S AFFILIATES (THE "COMPANY").

PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT, AND AMENDEMENTS, IF ANY, FOR MORE COMPLETE DESCRIPTION OF THE PLAN'S PROVISIONS.

THE PLAN IS A DEFINED CONTRIBUTION PLAN COVERING ALL EMPLOYEES OF THE COMPANY WHO ARE QUALIFIED, IN ACCORDANCE WITH PLAN'S REQUIREMENTS, AND HAVE SATISFIED SUCH ELIGIBILITY REQUIREMENTS. THE ADMINISTRATION OF THE PLAN IS THE RESPONSIBILITY OF THE PLAN'S ADMINISTRATOR.

PLAN ADMINISTRATION / INVESTMENT FEES INCURRED BY THE PLAN ARE REFLECTED AS A REDUCTION OF THE RETURN ON EACH FUND. ADMINISTRATIVE COSTS ARE REFLECTED AS A NET ASSET DEDUCTION.

CONTRIBUTIONS / EACH YEAR, THE EMPLOYER AND PARTICIPANTS MAY CONTRIBUTE A CERTAIN AMOUNT OF PRETAX COMPENSATION, AS DEFINED IN THE PLAN AGREEMENT. FURTHER, PARTICIPANTS MAY ALSO CONTRIBUTE AMOUNTS REPRESENTING DISTRIBUTIONS FROM OTHER QUALIFIED DEFINED BENEFIT OR CONTRIBUTIONS PLANS [DIRECT ROLLOVER]. CONTRIBUTIONS ARE INVESTED IN THE PLAN FUNDS, FOLLOWING THE RESPECTIVE PARTICIPANTS' INSTRUCTIONS.

ALL CONTRIBUTIONS ARE PARTICIPANT DIRECTED. PARTICIPANTS MAY ELECT TO INVEST CONTRIBUTIONS IN ONE OR MORE OF THE AVAILABLE FUNDS. THE PLAN IS SUBJECT TO THE PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ("ERISA"), AS AMENDED. ELEGIBLE EMPLOYEES INCLUDE THOSE WHO HAVE THREE MONTHS OF ELEGIBLE SERVICE AND WHO WERE OTHERWISE NOT EXCLUDED FROM PARTICIPATION UNDER THE PLAN AND THEIR BENEFICIARIES.

CONTRIBUTIONS ARE SUBJECT TO INTERNAL REVENUE SERVICE LIMITATIONS.

VESTING / PARTICIPANTS ARE IMMEDIATELY VESTED IN THEIR PRE-TAX CONTRIBUTIONS PLUS ACTUAL EARNINGS THEREON. SUMMARY CONTRIBUTIONS AND INCOME LOSSES ARE VESTED ACCORDING TO THE PARTICIPANTS YEARS OF SERVICE.

WITHDRAWALS / DURING EMPLOYMENT, A PARTICIPANT MAY WITHDRAW AMOUNTS APPLICABLE TO VESTED COMPANY AND EMPLOYEE CONTRIBUTIONS AND EARNINGS OR LOSSES THEREON, FOR ANY REASON UPON ATTAINING THE AGE OF 59 1/2. CERTAIN WITHDRAWALS PRECLUDE THE PARTICIPANT FROM MAKING FURTHER CONTRIBUTIONS OR FURTHER WITHDRAWALS UNDER THE PLAN FOR VARIOUS PERIODS OF TIME.

PAYMENT OF BENEFITS / PARTICIPANTS ARE ELIGIBLE FOR PAYMENT OF BENEFITS UPON RETIREMENT, DEATH, TERMINATION, OR PERMANENT DISABILITY. PARTICIPANTS ARE ENTITLED TO RECEIVE THEIR VESTED ACCOUNT BALANCE IN A SINGLE PAYMENT OR MAY ELECT TO DEFER PAYMENT OVER A PERIOD NOT TO EXCEED THE PARTICIPANT'S LIFE EXPECTANCY. HOWEVER, PARTICIPANTS WITH A VESTED BALANCE OF LESS THAN $5,000 ARE AUTOMATICALLY PAID A LUMP SUM DISTRIBUTION. THE PLAN ALLOWS FOR IN-SERVICE WITHDRAWALS DUE TO FINANCIAL HARDSHIP, AS DEFINED.

THE BENEFIT TO WHICH A PARTICIPANT IS ENTITLED IS LIMITED TO THE VESTED BALANCE OF THE PARTICIPANT'S ACCOUNT.

LOANS TO PARTICIPANTS / PARTICIPANTS MAY BORROW FROM THEIR ACCOUNTS A MINIMUM OF $1,000 UP TO A MAXIMUM EQUAL TO THE LESSER OF $50,000 OR 50% OF THEIR VESTED ACCOUNT BALANCE. LOAN TRANSACTIONS ARE TREATED AS A TRANSFER FROM THE PARTICIPANT INVESTMENT FUND TO THE PARTICIPANT LOAN RECEIVABLE CATEGORY. LOAN TERMS RANGE FROM ONE TO FIVE YEARS AND ARE SECURED BY THE BALANCE IN THE PARTICIPANT'S ACCOUNT. INTEREST RATES ARE BASED ON THE PRIME RATE ON THE FIRST BUSINESS DAY OF THE MONTH IN WHICH THE LOAN ORIGINATED. PRINCIPAL AND INTEREST ARE REPAID THROUGH PERIODIC PAYROLL DEDUCTIONS.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION / THE ACCOMPANYING FINANCIAL STATEMENTS HAVE BEEN PREPARED IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

INVESTMENTS AND INCOME RECOGNITION / INVESTMENTS ARE REPORTED AT FAIR MARKET VALUE. FAIR MARKET VALUE IS THE PRICE 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. SEE NOTE 3 FOR A DISCUSSION OF FAIR VALUE MEASUREMENTS.

PURCHASES AND SALES OF SECURITIES ARE RECORDED ON A TRADE-DATE BASIS. INTEREST INCOME IS RECORDED ON THE ACCRUAL BASIS. DIVIDENDS ARE RECORDED ON THE EX-DIVIDEND DATE. NET APPRECIATION OR DEPRECIATION IN FAIR VALUE OF INVESTMENTS INCLUDES THE PLAN'S GAINS AND LOSSES ON INVESTMENTS BOUGHT AND SOLD AS WELL AS HELD DURING THE YEAR.

AS DESCRIBED IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 962, *PLAN ACCOUNTING - DEFINED CONTRIBUTION PENSION PLANS*, INVESTMENT CONTRACTS HELD BY A DEFINED CONTRIBUTION PLAN ARE REQUIRED TO BE REPORTED AT FAIR MARKET VALUE.

HOWEVER, CONTRACT VALUE IS THE RELEVANT MEASUREMENT ATTRIBUTE FOR THAT PORTION OF THE NET ASSETS AVAILABLE FOR BENEFITS OF A DEFINED CONTRIBUTION PLAN ATTRIBUTABLE TO FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS BECAUSE CONTRACT VALUE IS THE AMOUNT PARTICIPANTS WOULD RECEIVE IF THEY WERE TO INITIATE PERMITTED TRANSACTIONS UNDER THE TERMS OF THE PLAN. AS REQUIRED BY FASB ASC 962, THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS PRESENTS THE FAIR MARKET VALUE OF THE SEI STABLE ASSET AS WELL AS THE ADJUSTMENT OF THE INVESTMENT IN THE COMMON COLLECTIVE TRUST FROM FAIR MARKET VALUE TO CONTRACT VALUE RELATED TO THE FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS. THE STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS IS PREPARED ON A CONTRACT VALUE BASIS.

PAYMENT OF BENEFITS / BENEFITS ARE RECORDED WHEN PAID.

ESTIMATES / THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE PLAN ADMINISTRATOR TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT THE REPORTED AMOUNTS OF NET ASSETS AVAILABLE FOR BENEFITS AND DISCLOSURE OF CONTINGENT ASSETS AND LIABILITIES AT THE DATE OF THE FINANCIAL STATEMENTS AND THE REPORTED AMOUNTS OF CHANGES IN THOSE NET ASSETS DURING THE REPORTING PERIOD. ACTUAL RESULTS COULD DIFFER FROM THOSE ESTIMATES.

3.SUBSEQUENT EVENTS / THE PLAN HAS EVALUATED EVENTS AND TRANSACTIONS FOR POTENTIAL RECOGNITION OR DISCLOSURE THROUGH SEPTEMBER 24, 2011, THE DATE THE FINANCIAL STATEMENTS AS OF DECEMBER 1, 2010AND FOR THE YEAR THEN ENDED WERE AVAILABLE TO BE ISSUED.

4. FAIR MARKET VALUE MEASUREMENTS

FASB ASC 820, FAIR MARKET VALUE MEASUREMENTS AND DISCLOSURES, ESTABLISHES A FRAMEWORK FOR MEASURING FAIR MARKET VALUE. THAT FRAMEWORK PROVIDES A FAIR MARKET VALUE HIERARCHY THAT PRIORITIZES THE INPUTS TO VALUATION TECHNIQUES USED TO MEASURE FAIR MARKET VALUE. THE HIERARCHY GIVES THE HIGHEST PRIORITY TO UNADJUSTED QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS OR LIABILITIES (LEVEL 1 MEASUREMENTS) AND THE LOWEST PRIORITY TO UNOBSERVABLE INPUTS (LEVEL 3 MEASUREMENTS). THE THREE LEVELS OF THE FAIR MARKET VALUE HIERARCHY UNDER FASB ASC 820-10 ARE DESCRIBED AS FOLLOWS:

THERE HAS BEEN NO CHANGES IN THE METHODOLOGIES USED AT DEC.31, 2010.

LEVEL 1 INPUTS TO THE VALUATION METHODOLOGY ARE UNADJUSTED QUOTED PRICES FOR IDENTICAL ASSETS OR LIABILITIES IN ACTIVE MARKETS THAT THE PLAN HAS THE ABILITY TO ACCESS.

- COMMON STOCK, CORPORATE BONDS, AND U.S. GOVERNMENT SECURITIES. VALUED AT THE CLOSING PRICE REPORTED ON THE ACTIVE MARKET ON WICH THE INDIVIDUAL SECURITIES ARE TRADED.
- MUTUAL FUNDS VALUED AT THE NET ASSET VALUE OF SHARES HELD BY THE PLAN AT YEAR-END.

LEVEL 2 INPUTS TO THE VALUATION METHODOLOGY INCLUDE THE FOLLOWING:

- GUARANTEED INVESTMENT CONTRACT VALUED AT FAIR MARKET VALUE BY DISCOUNTING THE RELATED CHAS FLOWS BASED ON CURRENT YIELDS OF SIMILAR INSTRUMENTS WITH COMPARABLE DURATIONS, CONSIDERING THE CREDITWORTHINESS OF THE ISSUER.
- QUOTED PRICES FOR SIMILAR ASSETS OR LIABILITIES IN ACTIVE MARKETS
- QUOTED PRICES FOR IDENTICAL OR SIMILAR ASSETS OR LIABILITIES IN INACTIVE MARKETS
- INPUTS OTHER THAN QUOTED PRICES THAT ARE OBSERVABLE FOR THE ASSET OR LIABILITY.
- INPUTS THAT ARE DERIVED PRICIPALLY FROM, OR CORROBORATED BY, OBSERVABLE MARKET DATA BY CORRELATION OR OTHER MEANS.

IF THE ASSET OR LIABILITY HAS A SPECIFIED (CONTRACTUAL) TERM, THE LEVEL 2 INPUT MUST BE OBSERVABLE FOR SUBSTANTIALLY THE FULL TERM OF THE ASSET OR LIABILITY.

LEVEL 3 INPUTS TO THE VALUATION METHODOLOGY ARE UNOBSERVABLE AND SIGNIFICANT TO THE FAIR VALUE MEASUREMENT.

THE ASSET'S OR LIABILITY'S FAIR VALUE MEASUREMENT LEVEL WITHIN THE FAIR VALUE HIERARCHY IS BASED ON THE LOWEST LEVEL OF ANY INPUT THAT IS SIGNIFICANT TO THE FAIR VALUE MEASUREMENT. VALUATION TECHNIQUES USED NEED TO MAXIMIZE TO USE OF OBSERVABLE INPUTS AND MINIMIZE THE USE OF UNOBSERVABLE INPUTS.

FOLLOWING IS A DESCRIPTION OF THE VALUATION METHODOLOGIES USED FOR ASSETS MEASURED AT FAIR MARKET VALUE. THEREHAVE BEEN NO CHANGES IN THE METHODOLOGIES USED AT DECEMBER 31, 2010.

- PARTICIPANT LOANS. VALUED AT AMORTIZED COST, WHICH APPROXIMATES FAIR MARKET VALUE.

THE PRECEDING METHODS DESCRIBED MAY PRODUCE A FAIR MARKET VALUE CALCULATION THAT MAY NOT BE INDICATIVE OF NET REALIZABLE VALUE OR REFELCTIVE OF FUTURE FAIR VALUES. FURTHERMORE, ALTHOUGH THE PLAN BELIEVS ITS VALUATION METHODS ARE APPROPRIATE AND CONSISTENT WITH OTHER MARKET PARTICIPANTS, THE USE OF DIFFERENT METHODOLOGIES OR ASSUMPTIONS TO DETERMINE THE FAIR VALUE OF CERTAIN FINANCIAL INSTRUMENTS COULD RESULT IN A DIFFERENT FAIR VALUE MEASUREMENT AT THE REPORTING DATE.

PLEASE REFER TO PAGE 11, "SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES" FOR THE PLAN'S ASSETS HIERARCHY AT FAIR MARKET VALUE AS OF DECEMBER 31, 2010.

5. FUND MANAGEMENT

PLAN ASSETS ARE HELD IN TRUST AND MANAGED BY CAPITAL BANK AND TRUST COMPANY SERVING AS DIRECTED TRUSTEES.

PLAN CONTRIBUTIONS TO THE TRUST FUNDS ARE DEPOSITED WITH CAPITAL BANK AND TRUST COMPANY AND INVESTED IN ONE OR MORE FUNDS, AS DIRECTED BY THE PARTICIPANTS.

THE TRUSTEE HAS CERTIFIED THE PLAN'S INVESTMENTS AND THE INTEREST, DIVIDENDS, AND NET APPRECIATION OR DEPRECIATION IN FAIR VALUE OF INVESTMENTS AS COMPLETE AND ACCURATE.

THE PLAN'S ASSETS ARE INVESTED IN ONE OF SEVERAL INVESTMENT OPTIONS AS DIRECTED BY THE PLAN'S PARTICIPANTS AT SUCH TIMES AND AMOUNTS AS PERMITTED BY THE TERMS OF THE PLAN.

THE INVESTMENT OPTIONS, AS OF DECEMBER 31, 2010 WERE AS FOLLOWS:

AMERICAN FUNDS GROWTH FUND OF AMERICA R2
AMERICAN FUNDS NEW PERSPECTIVE FUND R2
AMERICAN FUNDS INVESTMENT COMPANY OF AMERICA R2
AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND R2
FRANKLIN SMALL CAP VALUE FUND
AMERICAN FUNDS AMERICAN BALANCED FUND R2
AMERICAN HIGH-INCOME TRUST
PIMCO TOTAL RETURN FUND
INVESCO STABLE VALUE TRUST
AMERICAN FUNDS INCOME FUND OF AMERICA R2

THE PLAN INVESTS IN VARIOUS INVESTMENT SECURITIES. INVESTMENT SECURITIES ARE EXPOSED TO VARIOUS RISKS SUCH AS INTEREST RATE, MARKET, AND CREDIT RISKS. DUE TO THE LEVEL OF RISK ASSOCIATES WITH CERTAIN INVESTMENT SECURITIES, IT IS AT LEAST REASONABLY POSSIBLE THAT CHANGES IN THE VALUES OF INVESTMENT SECURITIES WILL OCCUR IN THE NEAR TERM AND THAT SUCH CHANGESCOULD MATERIALLY AFFECT PATICIPANT'S ACCOUNT BALANCES AND THE AMOUNTS REPORTED IN THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS.

6. FORFEITURES

UPON TERMINATION OF A PARTICIPANT'S EMPLOYMENT, THE COMPANY'S NON-VESTED CONTRIBUTIONS ARE PLACED IN A SEPARATE ACCOUNT AND WILL BECOME A FORFEITURE WHEN THE PARTICIPANT INCURS A BREAK-IN-SERVICE, AS DEFINED. ALL FORFEITED AMOUNTS CAN BE USED TO REDUCE THE COMPANY'S DISCRETIONARY CONTRIBUTIONS OR PAY PLANS EXPENSES.

7. PLAN TERMINATION

THE PLAN HAS NO TERMINATION DATE, HOWEVER, THE COMPANY MAY TERMINATE, AMEND, MODIFY OR SUSPEND THE PLAN AT ANY TIME IT MAY DEEM ADVISABLE. UPON ANY FULL OR PARTIAL TERMINATION OF THE PLAN OR UPON COMPLETE DISCONTINUANCE OF CONTRIBUTIONS BY THE COMPANY, ALL OF THE AMOUNTS CREDITED TO PARTICIPANT'S ACCOUNTS WILL IMMEDIATELY BECOME 100% VESTED.

8. TAX STATUS

THE PLAN ADMINISTRATOR BELIEVES THAT THE PLAN IS DESIGNED AND IS BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF ERISA AND THE INTERNAL REVENUE CODE AND THEREFORE FULFILLS THE CRITERIA FOR EXEMPTION FROM FEDERAL AND STATE INCOME TAXES.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FEDERAL FORM 5500

THERE ARE NO DIFFERENCES BETWEEN THE FINANCIAL STATEMENTS AND FEDERAL FORM 5500 AS OF DECEMBER 31, 2010.

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SBRC, INC 401(K) PLAN

SUPPLEMENTAL SCHEDULE OF PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES
CERTIFIED AND HELD BY CAPITAL BANK AND TRUST COMPANY, AS TRUSTEE
AS OF DECEMBER 31, 2010

SEE ACCOMPANYING INDEPENDENT AUDITOR'S REPORT AND NOTES TO FINANCIAL STATEMENTS

DESCRIPTION OF INVESTMENT	FAIR MARKET VALUE	SHARES/UNITS [ROUNDED]
LEVEL 1 [MUTUAL FUNDS]		
AMERICAN FUNDS GROWTH FUND OF AMERICA R2	$ 194,942	6,557
AMERICAN FUNDS NEW PERSPECTIVE FUND R2	134,104	4,800
AMERICAN FUNDS INVESTMENT COMPANY OF AMERICA R2	31,294	1,116
AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND R2	10,854	403
FRANKLIN SMALL CAP VALUE FUND	40,619	917
AMERICAN FUNDS AMERICAN BALANCED FUND R2	177,459	9,942
AMERICAN HIGH-INCOME TRUST	114,115	10,126
PIMCO TOTAL RETURN FUND	36,310	3,347
AMERICAN FUNDS INCOME FUND OF AMERICA R2	13,905	847
TOTAL LEVEL 1 [MUTUAL FUNDS]	**753,603**	
LEVEL 2 [COLLECTIVE INVESTMENT TRUST]		
INVESCO STABLE VALUE TRUST	**113,227**	113,227
LEVEL 3 [PARTICIPANTS LOANS & FORFEITURES]		
PARTICIPANTS LOANS 6.0% $6,121 & FORFEITURES	**7,135**	
TOTAL INVESTMENTS, AT FAIR MARKET VALUE, REPRESENTING PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES	**$ 873,966**	

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SBRC, INC. 401(K) PLAN **EIN:** 11-2385512
Plan Sponsor's Name SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC. **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 FUNDS GROWTH FUND OF AMERI	N/A	174,293	194,942
	AMERICAN FUNDS NEW PERSPECTIVE FUND	N/A	120,404	134,104
	AMERICAN FUNDS INVEST CO OF AMERICA	N/A	30,559	31,294
	AMERICAN FUNDS WASHINGTON MUTUAL FU	N/A	10,071	10,854
	FRANKLIN SMALL CAP VALUE FUND - R	N/A	32,786	40,619
	AMERICAN FUNDS INCOME FUND OF AMERI	N/A	13,123	13,905
	AMERICAN FUNDS AMERICAN BALANCED FU	N/A	168,237	177,459

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SBRC, INC. 401(K) PLAN **EIN:** 11-2385512
Plan Sponsor's Name SCOTTO BROTHERS RESTAURANT CONSULTANTS, INC. **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 FUNDS HIGH INCOME TRUST R2	N/A	113,966	114,115
	PIMCO TOTAL RETURN FUND - R	N/A	36,273	36,310
	INVESCO STABLE VALUE FUND	N/A	113,227	113,227
	PARTICIPANT LOANS	Interest Rate - 6.000-6.000 Maturity Date - VARIOUS	6,114	6,121
	FORFEITURES	N/A	1,014	1,014