## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Id	lentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 08/01/201	0	and ending 0	7/31/2	2011		
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	N Form 5558	automatic	extension		DFVC progra	m	
		special extension (enter description				□ - горгодия		
Do	rt II   Pacia Plan Inform	, ,						
	Irt II   Basic Plan Inform Name of plan	mation—enter all requested inform	ation		1h	Three-digit		
		C. DEFINED BENEFIT PENSION PL	AN		וט	plan number	004	
						(PN) <b>•</b>	001	
					1c	Effective date of		
						08/01/1	969	
	Plan sponsor's name and addr FORLINI S RESTAURANT, INC	ess (employer, if for single-employer	plan)		2b	Employer Identif		mber
ITTE	FORLINI S RESTAURANT, INC	J.			20	(EIN) 13-6310 Plan sponsor's t		numbar
	AXTER STREET				20	212-349	3-6779	iuiiibei
NEW	YORK, NY 10013				2d	Business code (		tions)
					-	722110		
THE	Plan administrator's name and FORLINI S RESTAURANT, INC	address (if same as Plan sponsor, e		<del>?</del> ")	30	Administrator's E		
		NEW YORK,	NY 10013		<b>3c</b> Administrator's telephone numb			
						212-349		
	•	an sponsor has changed since the last		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		<b>4</b> c	PN		
5a	Total number of participants at	the beginning of the plan year			5a			5
_	• •	the end of the plan year		;				5
	• •	ith account balances as of the end of		:	5b			
С		itii account balances as of the end of	. ,	` .	5с			
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		<u> </u>	_
	· ·	See instructions on waiver eligibility		•			^ Yes	No
Do		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III   Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year 201501		(b) End		104308
	Total plan assets		. 7a	201301				0
b	•	7. (	. 7b	201501				104308
<u> </u>		7b from line 7a)	7c					104300
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal	
а	Contributions received or rece		. 8a(1)	0	)			
				C	)			
		)		C	0			
b	, ,	,	` ` `	-97193	193			
C	( ,	8a(2), 8a(3), and 8b)						-97193
d	, , ,	rollovers and insurance premiums						
			. 8d	C	_			
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	C	_			
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	С	)			
g	Other expenses		. 8g	C	)			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					0
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					-97193
j	Transfers to (from) the plan (se	ee instructions)	. 8i	C				

Form 5500-SF 2010	Page <b>2-</b> 1
-------------------	------------------

		•	
Part IV	Dian	(`haract	Orietics
гант	ган	CHALACI	.ci isiics

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

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

	I							
art	V	Compliance Questions		1	1			
0		ng the plan year:		Yes	No		Amou	nt
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Was	s the plan covered by a fidelity bond?	10c	X				150000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did 1	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		X			
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					. [] \	res X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.	. 📗 ነ	res 🔼 No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	406			
b	Ente	r the minimum required contribution for this plan year			12b			
		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	res No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			(
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co				res X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	١			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	13	<b>c(3)</b> PN(s)
aut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Во	r Śche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	07/06/2012	TERESA RUTIGLIANO					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	07/06/2012	TERESA RUTIGLIANO					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

# nnual Return/Report of Small E Benefit Plan Short For<sup>®</sup>

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

'oyee

This Form is Open to Public Inspection

_	arti Annual Report Identification Information						
OI	the calendar plan year 2010 or fiscal plan year beginning	08/0	01/2010	and ending	07	/31/2011	
4	This return/report is for: X single-employer plan	multiple-	employer plan (r	not multiemployer)	Γ	one-participa	nt plan
3	This return/report is for: first return/report	final retu	rn/report		_	_	1
	an amended return/report	short pla	n year return/rep	port (less than 12 mont	ths)		
)	Check box if filing under: x Form 5558	₹	c extension	•	,	DFVC progra	m
	special extension (enter description				L	] or ve progra	111
P	art II Basic Plan Information enter all requested info						····
	Name of plan	ormation.			16		
	·				וטו	Three-digit plan number	
	THE FORLINI'S RESTAURANT, INC. DEFINED BENEFI	T PENSIC	ON PLAN			(PN) ►	001
				:		Effective date of	plan
a	Plan sponsor's name and address (employer, if for single-employer	plan)		<u> </u>		08/01/1969 Employer Identif	ication Number
	THE FORLINI'S RESTAURANT, INC.	. ,				EIN) 13-631	
	93 BAXTER STREET						elephone number
						(212) 349-6	779 see instructions)
	NEW YORK NY 10013					<u>722110</u>	
a	Plan administrator's name and address (If same as plan employer, e Same	enter "Same	<del>)</del> ")		3b /	\dministrator's E	EIN .
					3c /	dministrator's to	elephone number
	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this	plan, enter the	4b E	EIN	
	name, EIN and the plan number from the last return/report. Sponsor	's Name			4c F		
a	Total number of participants at the beginning of the plan year				5a	<del></del> -	5
)	Total number of participants at the end of the plan year				5b		5
3	Total number of participants with account balances as of the end of t	the plan yea	ar (defined bene	fit plans do not			
 a	complete this item)	nonata? (C.			5c		
,	Are you claiming a waiver of the annual examination and report of an	assets : (30 independe	et instructions.) ent gualified publ	ic accountant (IOBA)	• •	• • • •	XYes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	s.) . , , ,				X Yes No
\$\$\$\$\$	If you answered "No" to either 6a or 6b, the plan cannot use For	rm 5500-SF	and must inst	ead use Form 5500.			
<u>a</u>	rtill Financial Information	Lagrania area	a				
	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year
	Total plan assets	. 7a		201,501	ļ		104,308
)	Total plan liabilities	. 7b		0	ļ		0 ·
<u>;</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	:	201,501	ļ		104,308
_	Income, Expenses, and Transfers for this Plan Year		(a	) Amount		(b) T	otal
ì	Contributions received or receivable from: (1) Employers	. 8a(1)		0			Kantonico Professor Santonico (1986) Por Californico Professor Santonico (1986)
	(2) Participants	. 8a(1)	·	0			
	(3) Others (including rollovers).	. 8a(3)		0			
)	Other income (loss)	. 8b		(97,193)		k (30 diversion) - 5, 1 c K eta (5, 1 c)	
:	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	Secular days		1	- MUNICIPAL DE LA SERVE DE LA COLONIA DE LA	(97,193)
1	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	• 8d		0			
•	Certain deemed and/or corrective distributions (see instructions) .	. 8e		0			
	Administrative service providers (salaries, fees, commissions) Other expanses	. 8f		0			
,	Other expenses	· 8g	Manggaran kacamatan	O Gallium (1555) 1905 an Richard (1555) 1	se diniti		2007年7月7日在日本
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. <u>8h</u>					0
	Net income (loss) (subtract line 8h from line 8c)	. 8i	<b>新性的情報</b>				(97,193)
	Transfers to (from) the plan (see instructions)	. 8j		0	福温等		

		-					
	Form 5500-SF 2010 Page 2-						
a	Plan Characteristics			· · · · ·			
ã	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character	orietie	Codos	. in #h			
•	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	ristic C	odes i	in the	instructio	ns:	
3	rt V Compliance Questions	<u> </u>					
)	During the plan year:				<del></del>		
a	Was there a failure to transmit to the plan any participant contribution within the time and at the plan any participant	_	Yes	No	<del></del>	Amount	
,	25 OF IV 25 10.5" 102 ( Gode Instructions and DO) 's Voluntary Fiduciary Correction Decrees.	10a		х			
١.	on line 40s.				1	<del></del>	
c	Manage of the second se	10b		_ X			
d	Was the plan covered by a fidelity bond?	10c	x		<u> </u>		150,00
-	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10d			<del> </del>	· <u>-</u>	
	insurance services of other organization that provides some or all of the henefits under the plant (C						
f	instructions.)	10e		X			
_	Has the plan failed to provide any benefit when due under the plan?	10f		x			-
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x			· · · · · ·
h	2520.101-3.)			77		i indica	Kitinda eta
į	If 10h was answered "Yes." check the box if you either provided the required paties as a	10h		<u> </u>			
Wite	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
ır	Pension Funding Compliance				Sentoenisanu	and the state of t	KITTER REPORT
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	te Sch	redule	SB (	Form		7790
_						Ye	s X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or self-week," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	section	1 302 d	of ER	ISA?	. TYe	s X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction		J6.		E 1 - E 11		
1# s	granting the waiver	ns, and h	a ente	r the Dav	date of the	e letter rulir Year	ng od
ny b	od completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			·,			
C	Enter the minimum required contribution for this plan year			2b			
d	Enter the amount contributed by the employer to the plan for this plan year		1:	2c	· · · · · · · · · · · · · · · · · · ·		
_	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		1:	2d			
<b>B</b>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ц		Yes	No	N/A
rt	Plan Terminations and Transfers of Assets	<del></del>	<u> </u>	•			
a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				<del></del> ,	X Yes	: No
	if "Yes," enter the amount of any plan assets that reverted to the employer this year			3a	<u> </u>		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PRICES.	er the	contro	{			
	of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant.					. Yes	X No
	which assets or liabilities were transferred. (See instructions.)	an(s)	το				
1	3c(1) Name of plan(s):		13c(	2) EII	~ V(s)	13c(3	) PN(s)
					<u>·</u>	1	
tio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca			. 11 - 1·		Ш.,	<u> </u>
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re					Calcad	10
or t	schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report to true, corregt, and complete.	t, and	to the	best	of my kno	, a ochedu wiedge and	ie , d

FRANK FORLINI

FRANK FORLINI

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

GN ERE

GN

Signature of plan administrator

Signature of employer/plan sponsor

### 5500-SF Electronic Filing Authorization

Plan Name:

THE FORLINI'S RESTAURANT, INC. DEFINED BENEFIT PENSION PLAN

EIN/PN:

13-6310655/001

Plan Year:

08/01/2010 - 07/31/2011

I hereby authorize TERESA RUTIGLIANO to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Dabor's interpet site for public disclosure.

Plan Administrator

(sign)

(date)

Plan Sponsor

(etan)

(date)