## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	· · · · · ·	special extension (enter descriptio	·				
Part II		mation—enter all requested informa	ation				I
<b>1a</b> Name DINARDO R		PLOYEES PROFIT SHARING 401(K)	PLAN		1b	Three-digit plan number (PN)	001
					1c	Effective date o	
	ponsor's name and add	ress; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi	
PO BOX 36					2c	Sponsor's telep	
	OGE, NY 10576				2d	Business code (	(see instructions)
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the r	name and/or FIN of the	plan sponsor has changed since the la	act return/report filed fo	or this plan opter the	4b	<b>FIN</b>	
	, EIN, and the plan num	ber from the last return/report.	ast return report filed it	or this plan, enter the	4c		
		t the beginning of the plan year				TIN TIN	40
_		it the end of the plan year			5a 5b		13
<b>C</b> Numb	er of participants with a	ccount balances as of the end of the p	olan year (defined bene	fit plans do not	5c		13
<b>6a</b> Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
under	29 CFR 2520.104-46?	he annual examination and report of a (See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann	and conditions.)				X Yes No
-		plan, is it covered under the PBGC in			_		Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instructions I signed by an enrolled actuary, as we ete.					
SIGN	Filed with authorized/va	alid electronic signature.	06/05/2014	FRANK SALVI			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individ			
Preparer s	name (including ilimi na	me, if applicable) and address; includ	e room of suite numbe	r (optional)	Prep	arer's telephone	number (optional)

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Pai	rt III   Financial Information						
7			(a) Deninning of Vec				(h) Ford of Voca
	Plan Assets and Liabilities Total plan assets	7-	(a) Beginning of Yea				(b) End of Year 634054
	Total plan assets  Total plan liabilities	7a 7b		0	+		0
	Net plan assets (subtract line 7b from line 7a)		54522				634054
		7c			+		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
a	(1) Employers	8a(1)	2732	2			
	(2) Participants	8a(2)	7262	1			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	-24	2			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					99701
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	. 8f	230	0			
g	Other expenses	. 8g	857	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10870
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					88831
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х	
С				10c	X		350000
d	, ,	fidelity bo	nd, that was caused by fraud	10d		X	330000
—е	Were any fees or commissions paid to any brokers, agents, or oth						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		. 01 30	. 5.1011	JUL 01	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Luy	1001
	Enter the minimum required contribution for this plan year	,	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			12b	

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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 left of a negative amount)	12d		
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 in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance w	ith the instruc	dous to the Form 2200	POF.	
Part I Annual Report Id	dentification information	01/01/	2013	and ending	12/31/	2013
For calendar plan year 2013 or fisc						articipant plan
A This return/report is for:	x a single employer plan			in (not multiemployer)	a one-pe	arreibeau bren
B This return/report is:	the first return/report		return/report	In-net flans than 12 mi	onthe)	
	an amended return/report	اسا		/report (less than 12 mo		
C Check box if filing under:	Form 5558	ب	atic extension	•	∐ DFVC p	rogram
	special extension (enter descr			- Carrier III	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Part II Basic Plan Infor	mation—enter all requested info	omation			1b Three-digit	
1a Name of plan					plan numb	
DINARDO RESTAURANT	, INC.				(PN)	001
EMPLOYEES PROFIT S	HARING 401(k) PLAN				1c Effective d	
On The second and add	tress; include room or suite numbe	er (employe	r, if for a single	employer plan)	2b Employer	dentification Number
DINARDO RESTAURANT	I, INC.	<b>V</b> y.: 1. <b>2</b> /	100 × 7			2774651
			•		2c Sponsor's (914)	telephone number 764-4024
ро вох 36						code (see instructions)
			NY	10576	722511	
POUND RIDGE  3a Plan administrator's name an	d address XSame as Plan Spons	sor Name		Sponsor Address	3b Administra	ator's EIN
					3c Administra	ntor's telephone number
					1	•
A little same and/or FIN of the	plan sponsor has changed since	the last ret	um/report filed f	or this plan, enter the	4b EIN	
name. EIN. and the plan nur	mber from the last return/report.				40 501	
a Sponsor's name					4c PN	10
5a Total number of participants	at the beginning of the plan year.		4: B. S. MENLES & D. COO. 4: 5: 5		- 5a	13
b Total number of participants	at the end of the plan year				· 5b	13
a Number of participants with	account balances as of the end of	f the plan ye	ar (defined ben	efit plans do not		13
complete this item)	***************************************					₩ Yee □ No
6a Were all of the plan's asset	s during the plan year invested in	eligible asse	ets? (See instru	ctions.)		Д 165 [] 100
	a i a contra di a contra di a contra di contra	art at an inde	SOCOMORY MISHIN	PRI CHILIRG ZICAJJUH BZHR NIV	WI 771	X Yes No
404 46	f the annual examination and report ? (See instructions on waiver eligi ither line 6a or line 6b, the plan	iniiirv and co	H KJILIUI 15. 7			<b>-</b>
If you answered "No" to e	Muet live on our live on the hau		es smooms (se	ERISA section 4021	П Yes П	No Not determined
c If the plan is a defined bene	fit plan, is it covered under the PB	I SUI ALIA	ce program (so	3 El do l'ocuell (3E1)		
Caution: A penalty for the late	or incomplete filing of this retu	rn/report wi	il be assessed	unless reasonable ca	ause is establish	ed.
SB or Schedule MB completed a	ind signed by an enfolied actually,	, as well as t	he electronic ve	ersion of this return repu	ort, and to the bes	to the money
belief, it is true, correct, and com	plete.					
sign Tall	(au Sch		0 4114	FRANK SALVI		
HERE Signature of Man		٠ D	)ate	Enter name of indiv	idual signing as p	lan administrator
Signature of Man	Acquiristration \ /		64/19			
and the control of th	10-0-14		<i>-/                                    </i>			
sign — fac		1	- <i>L</i> /	Enter name of indica	idual cionino ac e	molover or plan sponsor
HERE Simple of ampl	oyer/plan sponsor	indude ma	ate /	Enter name of indiv per (optional)	ridual signing as e	employer or plan sponsor ephone number (optional)
HERE Simple of ampl	oyer/plan sponsor name, if applicable) and address;	include roor	m or suite numb	Enter name of indiv per (optional)	Preparer's tel	ephone number (optional)
HERE Simple of ampl	oyer/plan sponsor name, if applicable) and address;	include roor	m or suite numb	Enter name of indivoer (optional)	Preparer's tel	ephone number (optional)
HERE Simple of ampl	oyer/plan sponsor name, if applicable) and address;	include rook	oate / m or suite numb	Enter name of indiv per (optional)	Preparer's tel	imployer or plan sponsor ephone number (optional)
HERE Simple of ampl	oyer/plan sponsor name, if applicable) and address;	include roo	m or suite numb	Enter name of indiv per (optional)	Preparer's tel	imployer or plan sponsor ephone number (optional)

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	54!	5,22	23		634,054
b	Total plan liabilities	7b			0		0
C	Net plan assets (subtract line 7b from line 7a)	7c	54.	5,22	23		634,054
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	2	7,32	22		
	(2) Participants	8a(2)	7:	2,62	21		
	(3) Others (including rollovers).	8a(3)			0		
b	Other income (loss)	8b		(242	2)		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					99,701
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		<del></del>	<u> </u>		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		~ ~ ~ ~ ~			
f	Administrative service providers (salaries, fees, commissions)	8f		2,30			
g	Other expenses	8g		8,57	/ U		10.070
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				. <del></del>	10,870
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	- 8i			32	aros spiros	88,831
j	Transfers to (from) the plan (see instructions)	8j			0		
Pai	t IV Plan Characteristics					····	
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D	feature co	des from the List of Plan Chan	acteri	stic Co	des in	the instructions:
		oot is ood	on from the List of Dien Chare	oto viol	lia Car	loo in t	ho instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cou	es nom the List of Flam Chara	clens	uc coc	ies iii i	rie iristructions.
Par	Compliance Questions					***************************************	······································
10	During the plan year:			-,1	Yes	No	Amount
а				10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х	
С				10c	Х		350,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of						
	instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance	***************************************					
11							
11a	Enter the unpaid minimum required contribution for current year f					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				, and e	enter ti Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year				<u> L</u>	12b	

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C Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a 12d	
e Will the 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 in any plan year?	Yes X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the control	Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plan(s) to	
13c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)		
4a Name of trust	14b Trust's EIN	1
en er en manute et francisco en estado en aprimera en estado manda actual en en entre en entre en entre en est En error manute et francisco en estado en estado en aprimera en estado manda en entre en entre en entre en entre	The state of the s	is Valley says allowed have a
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Panty Copy Survey Carrellogs	Ferra (Cós	Jan San Charle
to the Control of the Control of the Control of the Control of Con		