Form 5500-	SF Short Form Annu	•	ort of Small Emplo	oyee	C	MB Nos. 1210-0110 1210-0089
Department of the Trease Internal Revenue Service		Benefit Plai ed under sections 104 ar	-	tirement		2015
Department of Labor Employee Benefits Security Admi	Income Security Act of 197	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).				
Pension Benefit Guaranty Cor	Complete all entries in		structions to the Form 55	00-SF.	Fublic	: Inspection
	eport Identification Information		and ending 12	/31/2015		
For calendar plan year 20	a single-employer plan		er plan (not multiemployer)		ing this boy	must attach a
A This return/report is for			employer information in ac	•	-	
B This return/report is	the first return/report an amended return/report	the final return/repo	ort sturn/report (less than 12 mo	onthe)		
C Check box if filing und		automatic extensio		· –	FVC progra	m
	special extension (enter desc	cription)		_		
Part II Basic Pla	n Information—enter all requested in	nformation				
1a Name of plan DENENNY INC 401K PLA	N			1b Three plan n (PN)	umber	001
				1c Effecti	ve date of p	
	(employer, if for a single-employer plan) ude room, apt., suite no. and street, or P.				01/01/ yer Identific 91-19	ation Number
	province, country, and ZIP or foreign pos		nstructions)	(EIN) 2c Spons		one number
				2d Busine		e instructions)
PO BOX 141389 SPOKANE VALLEY, WA 99	9214-1389				52421	0
3a Plan administrator's r	name and address Same as Plan Spor	nsor.		3b Admin		
RICHARD H DENENNY CO		(141389 NE VALLEY, WA 99214-	1380	3c Admin		56494 ephone number
					509-924	-9211
	IN of the plan sponsor has changed since plan number from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN 4c PN		
-	icipants at the beginning of the plan year.			5a		3
	icipants at the end of the plan year		ſ	5b		2
C Number of participar	ts with account balances as of the end o	f the plan year (defined b	enefit plans do not	5c		1
· /	ntive norticinants at the basisning of the r		ľ	5d(1)		3
.,	ctive participants at the beginning of the p ctive participants at the end of the plan ye	-	ľ	5d(1) 5d(2)		0
e Number of participation than 100% vested	nts that terminated employment during th	e plan year with accrued	benefits that were less	5e		0
Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this return and other penalties set forth in the instru- pleted and signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/rep	ort, including	g, if applica	
belief, it is true, correct, aSIGNFiled with autility	nd complete. horized/valid electronic signature.	05/25/2016	RICHARD DENENNY			
HERE Signature of	f plan administrator	Date	Enter name of individu	al signing as	s plan admi	nistrator
SIGN						
	f employer/plan sponsor	Date	Enter name of individu			
Preparer s name (includin	g firm name, if applicable) and address (nciude room or suite nur	nder)	Preparer's t	elephone n	umber
For Paperwork Reduction 4	Act Notice and OMB Control Numbers, see t	ne instructions for Form 5	500-SF.		F	orm 5500-SF (2015)

	F0111 5500-5F 2015		Faye Z					
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a tions.)	account	ant (IQ	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
а	Total plan assets	7a			8716			26376
	Total plan liabilities	7b						
-	Net plan assets (subtract line 7b from line 7a)	7c		638	3716			26376
_	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)		5	275			
	Other income (loss)	8b			268			
-		8c		12	.200			-6993
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8C				_		-0355
	to provide benefits)	8d		605	5156			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			191			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						605347
i	Net income (loss) (subtract line 8h from line 8c)	8i						-612340
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 2J 2K 3D 2G 2R	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu	tions with	in the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V					×		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		Х		
u	reported on line 10a.)			10b		X		
C	Was the plan covered by a fidelity bond?			10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		X		
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	end.)	10g	L	Х		
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	he require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				

-	· · · · · · · · · · · · · · · · · · ·	J							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)			e Sche	edule SE	8 (Form		Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40				11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Cod	e or s	ection	302 of	ERISA	?	Yes	X No

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 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)		12d			1
e 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?			X Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
15a Is the plan a 401(k) plan?		Ye:	S	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	esign- ised safe irbor ethod	ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st	Average benefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial n		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

Form 5500-SF	Short Form Annual	•	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed ur	Benefit Plan	4065 of the Employee R	etirement	2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ER		57(b) and 6058(a) of the		This Form is Open to			
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the inst	ructions to the Form 5	500-SF.	Public Inspection			
Part I Annual Report I For calendar plan year 2015 or fisc	dentification Information	1/01/2015	and onding	10	(21/2015			
	X a single-employer plan		and ending Ilan (not multiemployer)		/31/2015 cking this box must attach a			
A This return/report is for:	a one-participant plan				ith the form instructions)			
B This return/report is	the first return/report	the final return/report						
[an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		[] [OFVC program			
	special extension (enter descriptio	,						
	mation—enter all requested inform	ation		1	·····			
1a Name of plan DENENNY INC 401K PLAN	ſ			1b Thre plan (PN)	number 001			
				1c Effec	tive date of plan			
2a Plan sponsor's name (employe					oyer Identification Number			
City or town, state or province,	apt., suite no. and street, or P.O. Bo country, and ZIP or foreign postal co		ructions)	(EIN) 91-1956494 2c Sponsor's telephone number				
RICHARD H DENENNY CC) INC			509-924-9211				
PO BOX 141389				2d Busir 524	iess code (see instructions) 210			
SPOKANE VALLEY	WA 99214-1389							
3a Plan administrator's name and	·				nistrator's EIN			
RICHARD H DENENNY CO	INC				.956494 nistrator's telephone number			
PO BOX 141389				509-	924-9211			
SPOKANE VALLEY	WA 99214-1389				******			
name, EIN, and the plan numb	elan sponsor has changed since the li ber from the last return/report.	ast return/report filed for	or this plan, enter the	4b EIN				
a Sponsor's name	the beginning of the plan war			4c PN 5a				
	the beginning of the plan year			5a 5b	3			
C Number of participants with ac	count balances as of the end of the p	an year (defined bene	efit plans do not	5c				
	cipants at the beginning of the plan ye			5d(1)	13			
	cipants at the end of the plan year			5d(2)	<u> </u>			
e Number of participants that ter	minated employment during the plan	year with accrued bei	nefits that were less	5e	0			
Caution: A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ise is estab	lished.			
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct and comple	r penalties set forth in the instructions signed by an enrolled actuary, as we te.	s, I declare that I have Il as the electronic ver	examined this return/rep sion of this return/report	port, includir , and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN AND	int	*	Richard Denen	ny				
HERE Signature of plan adn	ninistrator	Date-25-14	Enter name of individu	ual signing a	is plan administrator			
SIGN	the hand		Richard Denen	ny				
HERE Signature of employe Preparer's name (including firm nan	rr/ptan sponsor ne, if applicable) and address (include	e room or suite numbe	Enter name of individu r)		is employer or plan sponsor telephone number			

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 6a Were all of the plan's assets during the plan year invertible. b Are you claiming a waiver of the annual examination a under 20 CER 2520 104 462 (See instructions on which is the plan year). 	nd report of an indepe	ndent qualified public	account	ant (IC	(PA)			X	Yes] No] No
under 29 CFR 2520.104-46? (See instructions on waiv If you answered "No" to either line 6a or line 6b, th	e plan cannot use Fo	orm 5500-SF and mus	st inste	ad use	Form	n 5500.		8		
C If the plan is a defined benefit plan, is it covered under	the PBGC insurance p	program (see ERISA s	ection 4	1021)?		Yes	No	Not d	etermine	ed
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginnin	.π				(b) En	d of Yea		
a Total plan assets			6	3871	.6				26	376
b Total plan liabilities										
C Net plan assets (subtract line 7b from line 7a)	7c		6	3871	.6				26	376
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		9088	SALE AND AND AND	(b)	Total		932495292
a Contributions received or receivable from: (1) Employers					0					
(2) Participants					0					
(3) Others (including rollovers)				527	5					
b Other income (loss)	8b		-	1226	8					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								- 6	993
d Benefits paid (including direct rollovers and insurance p to provide benefits)			6	0515	6					
e Certain deemed and/or corrective distributions (see ins	tructions) 8e				0					
f Administrative service providers (salaries, fees, commi	ssions) 8f				0					
g Other expenses				19	1					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								605	347
i Net income (loss) (subtract line 8h from line 8c)		Trans.					-612		-612	340
j Transfers to (from) the plan (see instructions)					0				N	
2A 2E 2F 2J 2K 3D 2G 2R B If the plan provides welfare benefits, enter the applicat Part V Compliance Questions	ble welfare feature coo	les from the List of Pla	n Chara	acteris	ic Coo	des in th	ne instruc	tions:		
INTER ACCOUNTER A				I Vee			r			
 During the plan year: Was there a failure to transmit to the plan any particip described in 29 CFR 2510.3-102? (See instructions a Program) 	and DOL's Voluntary F	iduciary Correction	10a	Yes	No X	N/A		Amo	unt	
b Were there any nonexempt transactions with any part	y-in-interest? (Do not	include transactions		1	x					
reported on line 10a.)			10b	ļ			 			
C Was the plan covered by a fidelity bond?			10c	X					10	000
d Did the plan have a loss, whether or not reimbursed b by fraud or dishonesty?			10d		х					
e Were any fees or commissions paid to any brokers, ag carrier, insurance service, or other organization that p the plan? (See instructions.)	rovides some or all of	the benefits under	10e		x					
f Has the plan failed to provide any benefit when due u	nder the plan?		10f		х					
g Did the plan have any participant loans? (If "Yes," enti-	er amount as of year e	end.)	10a	t	х		1			
h If this is an individual account plan, was there a black 2520.101-3.)	• •		10g		x					
i If 10h was answered "Yes," check the box if you eithe exceptions to providing the notice applied under 29 Cl	r provided the required	d notice or one of the	10i							
j Did the plan trust incur unrelated business taxable inc	ome?		10j							
Part VI Pension Funding Compliance		<u> </u>		1	L	ł	1			
11 Is this a defined benefit plan subject to minimum fundi 5500) and line 11a below)	ng requirements? (If "	Yes," see instructions	and cor	nplete	Scheo	iule SB	(Form	. п	Yes 🗍	No
11a Enter the unpaid minimum required contribution for all										

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter the Day	e date of the letter rul Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b Enter the minimum required contribution for this plan year	12b		
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 of a negative amount)	12d		
e 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?		X Yes 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 pbgc?	ne control	Yes X 1	10
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)			
13c(1) Name of plan(s): 13	c(2) EIN(s)	13c(3) P	N(s)
Part VIII Trust Information			
14a Name of trust	14b T	rust's EIN	
14c Name of trustee or custodian	1	Trustee's or custodia telephone number	n's
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan?	🗌 Ye	s 🗌 No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	[] ba ha	esign- sed safe ADP/ rbor test ethod	ACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye:		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .	Ra pe tes	itio Aver rcentage bene st	age fit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	[] Yes	s 🗍 No	
17a Has the plan been timely amended for all required tax law changes?	🗌 Yes	s 🗌 No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted	the applicab	le code (See ins	struction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su advisory letter, enter the date of that favorable letter and the letter's serial number		·	ſ
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	e of the plan	's last favorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	[] Yes	[] No	
9 Were in-service distributions made during the plan year?	🗌 Yes	5 🗌 No	
If "Yes," enter amount	19		
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)?	t Yes	s 🗌 No] N/A