For	m 5500-SF	Short Form Annua		t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089	
	nent of the Treasury al Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee Re	tirement			
Employee Ber	eartment of Labor nefits Security Administration efit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the I e).	nternal		orm is Open to lic Inspection	
Part I		Complete all entries in action dentification Information	ccordance with the inst	tructions to the Form 550	00-SF.			
		al plan year beginning 01/01/20	15	and ending 12/	/31/2015			
A This retu	rn/report is for:	X a single-employer plan a one-participant plan		plan (not multiemployer)(mployer information in acc	•	-		
B This retur	n/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mo	onths)			
C Check be	ox if filing under:	X Form 5558	automatic extension			DFVC prog	ram	
Dert	Decis Dian Infor	special extension (enter descrip						
Part II 1a Name o DINARDO RI	f plan	mation—enter all requested info			(PN	number) ▶ ctive date of	•	
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.			2b Emp (EIN	loyer Identi	1/2006 fication Number 774651	
	own, state or province, STAURANT, INC.	country, and ZIP or foreign postal	code (if foreign, see ins	tructions)	2c Spo		hone number 64-4024	
PO BOX 36				-	2d Bus	ness code (see instructions)	
POUND RIDG	E, NY 10576					7225	511	
3a Plan ad	ministrator's name and	l address XSame as Plan Sponso	r.		3b Adm	inistrator's I	EIN	
		plan sponsor has changed since the ber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN		elephone number	
a Sponso					4c PN	1		
5a Total n	umber of participants a	t the beginning of the plan year			5a		13	
		t the end of the plan year ccount balances as of the end of th			5b 5c		12	
•	,	cipants at the beginning of the pla		7	50 5d(1)		12	
• • •	•	cipants at the end of the plan year		F	5d(2)		12	
e Numbe	er of participants that te	erminated employment during the p	blan year with accrued be	enefits that were less	5e		0	
Caution: A Under penal SB or Sched	penalty for the late or ties of perjury and othe	r incomplete filing of this return/ er penalties set forth in the instructi d signed by an enrolled actuary, as	report will be assessed	I unless reasonable cause examined this return/rep	ort, includ	ing, if applic		
SIGN		alid electronic signature.	10/12/2016	MARY JANE SALVI				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	I signing as plan administrator		
SIGN HERE	Cianature of own!		Dete			00 cmm ¹	* o* plos -=	
Preparer's n	Signature of employ ame (including firm na	er/pian sponsor me, if applicable) and address (inc	Date lude room or suite numb	Enter name of individu		as employe s telephone		
For Paperwo	rk Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 550)-SF.			Form 5500-SF (2015)	

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	FUIII 5500-5F 2015		Page Z							
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								X Yes	□ No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
C	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 deterr	nined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) En	d of Year	
а	Total plan assets	7a		643	408				5140	67
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c		643	408				5140	37
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		-15	769					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-157	39
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		102	623					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g		10	949					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1135	72
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-12934	41
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	odes from the List of Pl	an Cha	racteria	stic Co	odes in	the instr	uctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	ic Coo	des in th	ne instru	ctions:	
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 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		×				
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			Х				
c	reported on line 10a.) Was the plan covered by a fidelity bond?			10b 10c	х	^				350000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused		~	X				330000
e	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d		Х				
	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	is of year e	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						

Х

10j

Did the plan trust incur unrelated business taxable income?

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Page **3 -** 1

	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted 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			
-		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 ative 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?			Υe	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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	e of trust		14b	Trusťs E	IN	
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentage est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Hast	the plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	ın's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Ye	es	No	N/A

	Form 5500-SF	Short Form An	Nual Return/R Benefit	eport of Small Er	nployee	OMB Not. 1210-0110 1210-0000
	Department of Later	This form is required to be	filed under sections 1	INA ment doct - A ment	er Retrament	2015
	represent Darmitte Security Art waarabar Security Scopensis Shapenety Corporation.	-	Hevenue Code (1			This Form is Open to
		 Complate all entries Identification Information 	in accordance with t	the instructions to the For	m 5509-SF	Public inspection
For	calendar plan year 2015 or \$	scal plan year beginning	01/01/2015	and ending		
		a single-entployer plan		ployer plan (not multemploy	12/3	1/2015
A	This return/report is for:	🗍 e vno-starbolpant plan	list of participa	ating employer information i	n accordance with	ng this box must attach a the form instructions)
B 11	his return/report is	Ing Brail return/report	Pio Bnal Fotumu	report ar reformingport (licea chan 1;	_	
C	Check bax if filing under:	X Form 5554	automatic exce		100	
		special extension (enter des	hud		Use	VC programs
Par	rt II Basic Plan Info	rmation enter all requested in	lognation			
1a M DIN	Name of plan	INC. EMPLOYEES PROF		1(R) PLAN	1b Three-d plan cur (FW) >	
-					1c Effective 01/01	
1945	CENTRY ACKINESS (IDCIDOD FOOM	 if for a single-amplayer plan) apt., suite no, and street, or P.O country, and ZIP or foreign post 	Box)		2b Employe	r Identification Number
DIM	ARDO RESTAURANT,	INC.	at code (if iGreght, so	o Pistructions)	2¢ Sponsor	stolephone number
PO	BOX 36				and the second sec	COOR (NOU WEDDICUONS)
POU	ND RIDGE	BFSF			000000	
					1	
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