Form 5500 Department of the Treasury	Annual Return/Report	OMB Nos. 1210-0110 1210-0089				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	and 4065 of the Employee Retirement sections 6047(e), 6057(b), and 6058(a Complete all ent the instruction	2015				
	This Form is Open to Public Inspection					
	ntification Information					
For calendar plan year 2015 or fiscal		and ending 03/31/20				
A This return/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking the participating employer information in accord				
	X a single-employer plan;	a DFE (specify)				
B This return/report is:	X the first return/report;	the first return/report; The final return/report;				
	an amended return/report;	2 months).				
C If the plan is a collectively-bargain	ned plan, check here					
D Check box if filing under:	Form 5558;	automatic extension;	the DFVC program;			
	special extension (enter description)	<u> </u>				
Part II Basic Plan Inform	mation—enter all requested informatio	n				
1a Name of plan BAM BAM PIZZA HEALTH BENEFIT	·		1b Three-digit plan number (PN) ▶ 501			
			1c Effective date of plan 04/01/2014			
2aPlan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)2bEmployer Ide Number (EIN 59-3255539						
BAM BAM PIZZA, INC.	2c Plan Sponsor's telephone number 407-888-3695					
4750 THE GROVES DRIVE, STE 290 WINDERMERE, FL 34786	0 4750 THE GR WINDERMER	2d Business code (see instructions) 722511				

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.	10/26/2016	LIZ RONGEN
HERE	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			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparei	's name (including firm name, if applicable) and address (include r	er) Preparer's telephone number	

3a	Plan administrator's name and address Same as Plan Sponsor	3b Administrator's EIN		
			ninistrator's telephone nber	
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:	4b EIN	١	
а	Sponsor's name	4c PN		
5	Total number of participants at the beginning of the plan year	5	146	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	. 6a(1)	146	
a(2	2) Total number of active participants at the end of the plan year	6a(2)	187	
b	Retired or separated participants receiving benefits	. 6b		
С	Other retired or separated participants entitled to future benefits	. 6c		
d	Subtotal. Add lines 6a(2), 6b, and 6c.	. 6d	187	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e		
f	Total. Add lines 6d and 6e	. 6f		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g		
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	. 6h		
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 Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A

9a	9a Plan funding arrangement (check all that apply)			oene <u>fit</u>	arrangement (check all that apply)	
	(1)	Insurance	(1)		Insurance	
	(2)	Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) insurance contracts	
	(3)	Trust	(3)		Trust	
	(4)	X General assets of the sponsor	(4)	X	General assets of the sponsor	
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)					
а	Pensio	n Schedules	b General Schedules			
	(1)	R (Retirement Plan Information)	(1)	X	H (Financial Information)	
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	Π	I (Financial Information – Small Plan)	
		Purchase Plan Actuarial Information) - signed by the plan	(3)		A (Insurance Information)	
		actuary	(4)	X	C (Service Provider Information)	
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial	(5)		D (DFE/Participating Plan Information)	
		Information) - signed by the plan actuary	(6)		G (Financial Transaction Schedules)	

Page **3**

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)				
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes X No					
11b Is the plan	currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)				
11c Enter the F enter the R	Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report,				

SCHEDULE C	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).			OMB No. 1210-0110	
(Form 5500)					
Department of the Treasury Internal Revenue Service				2015	
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.			This Form is Open to Public Inspection.	
Pension Benefit Guaranty Corporation For calendar plan year 2015 or fiscal pla	an year beginning 04/01/2015 and ending 03/				
A Name of plan BAM BAM PIZZA HEALTH BENEFIT P	B Three-digit plan number (PN)	B Three-digit 501			
C Plan sponsor's name as shown on lin BAM BAM PIZZA, INC.	D Employer Identificat 59-3255539				
You must complete this Part, in account or more in total compensation (i.e., m plan during the plan year. If a persor	rmation (see instructions) dance with the instructions, to report the oney or anything else of monetary value received only eligible indirect compension include that person when completing the) in connection with services rendered to ation for which the plan received the req	the plan o	r the person's position with the	
1 Information on Persons Re	ceiving Only Eligible Indirect C	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)					
	the name and EIN or address of each person in the station. Complete as many entries as ne		for the serv	vice providers who	
(b) Enter na	me and EIN or address of person who pr	rovided you disclosures on eligible indire	ct compens	sation	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

Page	3 - 1
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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)		
TIMOTHY	TIMOTHY ROONEY 9462 BROWNSBORO RD, STE 146 LOUISVILLE, KY 40241					
			LOUISV	1LLE, NT 40241		
40-508818	2					
(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?
22		0	Yes 🛛 No 🗌	Yes 🛛 No 🗌	48891	Yes 🗌 No 🗙
		(a) Enter name and EIN or	address (see instructions)		
TRIZETTO	GROUP, INC			140 PO BOX 122140 S, TX 75312-2140		
			DALLAS	5, 1X 75512-2140		
36-425834	1					
(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?
22		0	Yes 🕺 No 🗌	Yes 🛛 No 🗌	40752	Yes 🗌 No 🗙
		(a) Enter name and EIN or	address (see instructions)		
PREFERR	ED BENEFITS ADMIN	IISTRATORS		BAL PALM DRIVE VOOD, FL 32779		
	-	()				
(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?
12		0	Yes 🛛 No 🗌	Yes 🛛 No 🗌	38035	Yes 🗌 No 🛛

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)						
(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 of	compensation, including any
	formula used to determine	the service provider's eligibility ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation		compensation, including any the service provider's eligibility
		ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation		
(a) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility
	for or the amount of the	ne indirect compensation.

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Pa	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) Ent	er 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) En	er 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) Ent	er 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) Ent	er 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) Ent	er 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) En	er 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 in (complete as many entries as needed)	structions)
а	Name		b EIN:
С	Positio	n:	
d	Addre	55:	e Telephone:
Ex	planatio	n:	

Name:	b EIN:
Position:	
Address:	e Telephone:
	Position:

Explanation:

Name:	b EIN:
Position:	
Address:	e Telephone:
	Position:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

(Form 5500) Determine the Twee Server Manual Determine Termine Termin	SCHEDULE H Financial Information							OMB No. 121	0-0110
Retirement income Security Act of 1974 (ERISA), and section 6036(a) of the Internal Revenue Code (Incode). The security Act of 1974 (ERISA), and section 6036(a) of the Integration The call plan year 2015 of fiscal plan year beginning Colspan="2">The Security Act of 1974 (ERISA), and section 6036(a) of the Integration A Name of plan BAN BAM PIZZA HEALTH BENEFIT PLAN B Trace-digit plan number (PN) 501 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) Security Act of 1974 (ERISA), and section 6036(a) of the Jan Section 6036(a) of the Jan Section 603 (Colspan="2">Combine the value of plan section 603 (Colspan="2">The Form is Open to Public Inspection Band BMA PIZZA, INC. D Employer Identification Number (EIN) Band BMA PIZZA, INC. D Employer Identification Number (EIN) Section 10 and and of the plan year. Combine the value of plan assets head in more than one trust. Report the value of plan assets head in some trust. Report the value of plan assets head to organize the salue data is the salue of the Social plan year. (Data is the Value of Data Social Data is the value of the plan section to the value of the plan Social Data value is the value of the plan securities is a va	(Form 5500)	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the							
Employer Identification > File as an attachment to Form S500. This Form is Open to Public Inspection For calendar plan year 2015 of fiscal plan year beginning 0.401/2015 and ending 0.231/2016 A Name of gin B Three-digit 501 C Plan sponsor's name as shown on line 2a of Form 5500 B Three-digit 501 EAM BAM PIZZA, IEC. D Employer Identification Number (FR) 501 Part I Asset and Liability Statement 0 Employer Identification Number (IEIN) 50-325539 I 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 commigred fund containing the assets of more than one plan on a line-to-the basis unless the value is exportable on the plan's line as the a complete lines 1d and 1e. See instructions. 1 Assets (a) Beginning of Year (b) End of Year (b) End of Year I Total noninterest-bearing cash. 1a 1 1 D Receivables (less allowance for doubtful accounts): 1b(1) 1 1 (i) Corporate doth instruments (other than employer securities): 1b(2) 1 1 (i) All other <t< td=""><td></td><td colspan="4">2015</td></t<>							2015		
For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/02/016 BAM BAM PIZZA HEALTH BENEFIT PLAN B Three-digit plan number (PN) 501 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) SAM BAM PIZZA, INC. D Employer Identification Number (EIN) Far calendar plan year. Combine the value of plan assets and liability Statement 0 Employer Identification Number (EIN) Calendar plan year. Combine the value of plan assets and liabilities at the beginning and and of the plan year. Combine the value of plan assets build in more than one trust. Report the value of the plan's interest in a commiglet induc containing and and 16. See instructions. 0 Employer Identification Number (EIN) and it tore the value of anomats to the nearest of dimers. 16. See instructions. (a) Beginning of Year (b) End of Year a Total noninterest-bearing cash. 1a (b) End of Year (b) End of Year (b) End of Year a Total noninterest-bearing cash. 1a (b) End of Year 1b(1) (c) End of Year a Total noninterest-bearing cash. 1a (c) End of Year 1b(2) (c) End of Year a Total noninterest-bearing cash. 1a 1b(2) 1b(3) (c) End of Year <t< td=""><td colspan="7">Employee Benefits Security Administration File as an attachment to Form 5500.</td><td></td><td></td></t<>	Employee Benefits Security Administration File as an attachment to Form 5500.								
A Name of plan BM BAM PIZZA HEALTH BENEFIT PLAN B Three-digit plan number (PN) 501 C Plan sponsor's name as shown on line 2a of Form 5500 BAM BAM PIZZA, INC. D Employer Identification Number (EIN) 59-3256539 Part I Asset and Liability Statement 501 1 Current value of plan assets and liabilities at the beginning and end of the plan one plan on a line-by-line basis unless the value is reportable on benefit at a future dire is a commingle future containing the assets of ones than one plan on a line-by-line basis unless the value is reportable on benefit at a future dire. Round of a mounts to the nearest tollar. MTNs, CCTS, PSAs, and 103-12 lies also not complete lines 11 and 10-32 lies do not complete lines 10(h). 10(2): 10(8), 1		an year beginning 04/01/2015		and	endinc	03/3	/2016	Inspecti	on
BAM BAM PIZZA HEALTH BENEFIT PLAN plan number (PN) 501				ana e					
BAM BAM PIZZA, INC. 59-325539 Part I Asset and Liability Statement 1 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 plans interest in a comming def dud containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines to (1) through to (14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar through the value of the plans interest of the plans interest of delar MTALS, CCTS, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. a Total noninterest-bearing cash 1a b Receivables (less allowance for doubtful accounts): 1a (1) Employer contributions 1b(1) (2) Participant contributions 1b(1) (3) Other 1b(2) (4) Corporate debt instruments (other than employer securities): 1c(1) (a) Preferred 1c(3)(A) (b) Rule other than employer securities): 1c(4)(A) (c) Dartost stocks (other than employer securities): 1c(4)(A) (a) Preferred 1c(4)(A) (b) Real other than employer real property) 1c(6) (c) Comone 1c(4)(A) (b) Real ot	BAM BAM PİZZA HEALTH BENEFIT P	LAN			_		0	•	501
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 plans interest in a commigned fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines to teh plans interest in a commigned fund containing the assets (b) through 1c(14). Do not enter the value of that pontion of an insurance contract which guarantees, during this plan year, to pay a specific dollar. Image: the plans interest in a commission to the nearest dollar. //TILA. Image: the plans interest bearing cash (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		ne 2a of Form 5500						ion Number (EIN)
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 plans interest in a commigned fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines to teh plans interest in a commigned fund containing the assets (b) through 1c(14). Do not enter the value of that pontion of an insurance contract which guarantees, during this plan year, to pay a specific dollar. Image: the plans interest in a commission to the nearest dollar. //TILA. Image: the plans interest bearing cash (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Part I Asset and Liability S	Statement							
a Total noninterest-bearing cash 1a b Receivables (less allowance for doubtful accounts): 1a (1) Employer contributions 1b(3) (2) Participant contributions 1b(3) (3) Other 1b(3) (1) Interest-bearing cash (include money market accounts & certificates of deposit) 1b(3) (1) Interest-bearing cash (include money market accounts & certificates of deposit) 1c(1) (2) U.S. Government securities 1c(2) (3) Corporate debt instruments (other than employer securities): 1c(3)(A) (A) Preferred 1c(3)(B) (B) All other 1c(4)(B) (B) Common 1c(4)(B) (C) Contract stocks (other than employer securities): 1c(4)(A) (A) Preferred 1c(4)(A) (B) Common 1c(4)(B) (C) Contract stocks (other than employer real property) 1c(5) (b) Call contract stock (other than employer real property) 1c(6) (c) Participant loans 1c(7) (a) Value of interest in common/collective trusts 1c(6) (10) Value of interest in onsoled separate accounts 1c(1) (11) Value of interest in master trust investment companies (e.g., mutual funds) 1c(10) <t< th=""><th colspan="8">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,</th><th>eportable on ecific dollar</th></t<>	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,								eportable on ecific dollar
b Receivables (less allowance for doubtful accounts): (1) Employer contributions (2) Participant contributions (3) Other (3) Other (1) Interest-bearing cash (include money market accounts & certificates of deposit) (1) Interest-bearing cash (include money market accounts & certificates of deposit) (2) L.S. Government securities (3) Corporate debt instruments (other than employer securities): (A) Preferred (B) All other (B) Common (B) Common (C) Second than employer securities): (A) Preferred (B) Common (C) Preferred (B) Common (C) Conson (other than employer real property) (C) Inclay (C) Inclay (B) Participant loans (C) Inclay (B) Participant loans (C) Inclay (1) Value of interest in moster trust investment accounts (10)	As	sets		(a) B	eginni	ng of Yea	ır	(b) End	of Year
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contracts)	(13) Value of interest in registered in funds)	nvestment companies (e.g., mutual	1c(13)						
(15) Other 1c(15)			1c(14)						
	(15) Other		1c(15)						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f		
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i.	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
L	Net assets (subtract line 1k from line 1f)	11		

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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

				(a) An	nount			(b) To	otal
	(6) Net investment gain (loss) from common/collective trusts	2b(6)							
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)							
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)							
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)							
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)							
С	Other income	2c							
d	Total income. Add all income amounts in column (b) and enter total	2d							
	Expenses								
е	Benefit payment and payments to provide benefits:								
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)							
	(2) To insurance carriers for the provision of benefits	2e(2)							
	(3) Other	2e(3)							
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)							
f	Corrective distributions (see instructions)	2f				ſ			
g	Certain deemed distributions of participant loans (see instructions)	2g				ľ			
h	Interest expense	2h				-			
i	Administrative expenses: (1) Professional fees	2i(1)							
	(2) Contract administrator fees	2i(2)							
	(3) Investment advisory and management fees	2i(3)							
	(4) Other	2i(4)							
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)							
i	Total expenses. Add all expense amounts in column (b) and enter total	2j				-			
,	Net Income and Reconciliation	-							
k	Net income (loss). Subtract line 2j from line 2d	2k							
I	Transfers of assets:					-			
-	(1) To this plan	2l(1)				-			
	(2) From this plan	21(2)				-			
		.,							
-	art III Accountant's Opinion								
6	Complete lines 3a through 3c if the opinion of an independent qualified public ac attached.			to this F	orm 550	0. Comp	lete li	ine 3d if an o	pinion is not
a 1	The attached opinion of an independent qualified public accountant for this plan	ì	tions):						
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse					F	7	
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	8 and/or 103-1	2(d)?					Yes	No
C	Enter the name and EIN of the accountant (or accounting firm) below:								
	(1) Name:		(2) El	N:					
d	The opinion of an independent qualified public accountant is not attached beca (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach		Form 5	500 pur	suant to	29 CFR	2520	.104-50.	
Ра	Int IV Compliance Questions								
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete li		es 4a, 4	e, 4f, 4(g, 4h, 4k	, 4m, 4n,	or 5.		
	During the plan year:			Yes	No	N/A		Amou	Int
а	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 pr until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	ior year failures			Х				
b	Were any loans by the plan or fixed income obligations due the plan in defaul	t as of the							
	close of the plan year or classified during the year as uncollectible? Disregard loans secured by participant's account balance. (Attach Schedule G (Form 55)	l participant							
	"Yes" is checked.)	,	4b		Х				

Page 4-	1
. ~go .	

			Yes	No	N/A		Amo	ount
С	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		Х				
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		Х				
е	Was this plan covered by a fidelity bond?	. 4e		Х				
		. 40		~		-		
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		×				
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			v				
	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?			X				
I	Has the plan failed to provide any benefit when due under the plan?	. 41		Х		<u> </u>		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х				
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				
ο	Did the plan trust incur unrelated business taxable income?	40						
р	Were in-service distributions made during the plan year?	4p						
5a 5b	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 If, during this plan year, any assets or liabilities were transferred from this plan to another plan transferred. (See instructions.)		-		Amou s) to wh		s or liabi	lities were
	5b(1) Name of plan(s)			5b	(2) EIN	(s)		5b(3) PN(s)
5c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see E	RISA	section	4021)?	[] \	es No		ot determined
Par	V Trust Information							
L	lame of trust				6h T	ust's EIN		

6C Name of trustee or custodian

6d Trustee's or custodian's telephone number

Management and a call a thread and a	This form is rec	그는 사람 사람 가지 않는 것은 것을 위해 한 것을 수 있다.	Employee Benefit P byee benefit plans under s		OMB Nos. 1210-0 1210-0	
Department of the Treasury Internal Revenue Service	and 4065 of the	Employee Retirement Ind	come Security Act of 1974	(ERISA) and		
Department of Labor Employee Benefits Security Administration	sections 6047(e	 7(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Complete all entries in accordance with 			2015	
Pension Benefit Guaranty Corporation		the instructions t	to the Form 5500.		This Form is Open to Public Inspection	
	rt Identification		1000			
For calendar plan year 2015	and a second				1/2016	
This return/report is for: This return/report is;	a multiemploy x a single-emplo x the first return an amended r	yer plan; a /report; a etum/report; a	a multiple employer plan (Fi participating employer infor a DFE (specify) he final return/report; a short plan year return/rep	mation in accord	ance with the forms instr.):	
If the plan is a collectively back box if filing under:	Form 5558;		utomatic extension;	the DFVC pr	ogram;	
art II Basic Plan Ir		all requested information	1			
Name of plan AM BAM PIZZA HE	ALTH BENEF	IT PLAN		1b Three-digit plan numb	i te l'est e la companya	
				1c Effective c 04/01		
Plan sponsor's name (employed) Mailing address (include room)		 A set of the data set 	99999999999999999999999999999999999999		dentification Number (EIN)	
City or town, state or province, AM BAM PIZZA, I		reign postal code (if foreign,	see instructions)	2c Plan Spon 407-888-	sor's telephone number 3695	
750 THE GROVES	DRIVE, STE	290		2d Business (72251	bode (see instructions) 1	
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3a	Plan administrator's name and address X Same as Plan Sponsor 3b Administrator	strator's	EIN	
	3c Admini	strator's	telephone numbe	f
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the n EIN and the plan number from the last return/report; Sponsor's name	ame,	4b EIN 4c PN	
5	Total number of participants at the beginning of the plan year	15		14(
3	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). (1) Total number of active participants at the beginning of the plan year (2) Total number of active participants at the end of the plan year Retired or separated participants receiving benefits Other retired or separated participants entitled to future benefits	6a(1) 6a(2) 6b 6c		187
d e f	Subtotal. Add lines 6a(2), 6b, and 6c Deceased participants whose beneficiaries are receiving or are entitled to receive benefits Total. Add lines 6d and 6e	<u>6e</u>		187
h	complete this item) Number of participants that terminated employment during the plan year with accrued benefits that were less that 100% vested	6g 6h		
	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions; 4A

9a	Plan fu	nding arrangement (check all that apply)	9b Plan	ben	nefit arrangement (check all that apply)
	(1)	Insurance	(1)	П	Insurance
	(2)	Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) insurance contracts
	(3)	Trust	(3)		a Trust
·	(4) X	General assets of the sponsor	(4)	X	General assets of the sponsor
а		structions) n Schedules	ha		
			ha		
		n ounequies	u Ger	tera	al Schedules
	143.			nera Ivi	
	(1)	R (Retirement Plan Information)	0 Ger (1)	nera X	Il Schedules H (Financial Information)
	(1) (2)			Nera X	
		R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(1)	iera XI	H (Financial Information)
		R (Retirement Plan Information) MB (Multlemployer Defined Benefit Plan and Certain Money	(1) (2)	ra N N N N N N N N N N N N N N N N N N N	H (Financial Information) I (Financial Information - Small Plan)
		R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(1) (2) (3)		H (Financial Information) I (Financial Information - Small Plan) A (Insurance Information)

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