Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans 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). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2016** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [x] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [x] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SANDERS VENTURES EMPLOYEE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1999

2a Plan 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)
TAVERN RESTAURANT GROUP, INC

11340 MONTGOMERY ROAD
SUITE 206
CINCINNATI, OH 45249

2b Employer Identification Number (EIN) 61-0843459

2c Plan Sponsor's telephone number 513-605-4700

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.	06/28/2018	DANIELLE CARLISLE
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)	Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	1273
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)**	1255
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1186
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	16
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	1202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	27
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

2E 3D 2G 2J 2K 2F 2T

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit 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) [X] Trust	**(3)** [X] Trust
(4) [ ] General assets of the sponsor	**(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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 ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SANDERS VENTURES EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAVERN RESTAURANT GROUP, INC

D Employer Identification Number (EIN)
61-0843459

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect 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).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

UBS FINANCIAL SERVICES, INC.
8044 MONTGOMERY RD
CINCINNATI, OH 45236-2919

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

UBS FINANCIAL SERVICES, INC.
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

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

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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)

ASCENSUS

11-3665754

(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?
99 37 15 64 60 50	NONE	25324	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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 compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(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 compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(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 compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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) Enter 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) Enter 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) Enter 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) Enter 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) Enter 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) Enter 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 instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SANDERS VENTURES EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAVERN RESTAURANT GROUP, INC

D Employer Identification Number (EIN)
61-0843459

Part I Asset and Liability Statement

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, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	863	8673
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	52802	50086
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	19174	15467
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	937771	1014151
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1010610	1088377
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1010610	1088377

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
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	62684	
(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)		62684
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1092	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1103
(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)	15557	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		15557
(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)		0
(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)		0

		(a) Amount	(b) Total
(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)		69549
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		148893
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45802	
(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)		45802
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	25324	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25324
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		71126
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		77767
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RUDLER, PSC **(2)** EIN: 31-1048275

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a 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 prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		144298
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to 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		X	
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		X	
e	Was this plan covered by a fidelity bond?	4e	X		125000
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		X	
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 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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a 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 ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

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 ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SANDERS VENTURES EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAVERN RESTAURANT GROUP, INC

D Employer Identification Number (EIN)
61-0843459

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-0404698 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

SANDERS VENTURES
EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

As of December 31, 2016 and 2015
and for the year ended December 31, 2016

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 10
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	12
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	13-18

Rudler
CERTIFIED PUBLIC ACCOUNTANTS | PSC

INDEPENDENT AUDITORS' REPORT

The Administrator and Plan Management of
Sanders Ventures
Employee Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Sanders Ventures Employee Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

CERTIFIED PUBLIC ACCOUNTANTS
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1881 Dixie Highway, Suite 200 | Fort Wright, KY 41011
www.rudler.com

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rudler, PSC

Fort Wright, Kentucky
June 12, 2018

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and December 31, 2015

	December 31, 2016	December 31, 2015
ASSETS		
Investments		
Investments at fair value	$ 1,014,151	$ 943,083
Cash	50,086	52,802
Total Investments	1,064,237	995,885
Receivables		
Notes receivable from participants	15,467	19,174
Employee contributions	8,673	863
Total Receivables	24,140	20,037
Total Assets	$ 1,088,377	$ 1,015,922
LIABILIITIES		
Benefit Payable	$ 0	$ 5,312
Total Liabilities	0	5,312
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,088,377	$ 1,010,610

The accompanying notes are an integral part of this statement.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2016

ADDITIONS	
Additions to net assets attributed to:	
Investment Income	
Net appreciation in fair value of investments	$ 69,549
Interest and dividends	15,568
Total Investment Income	85,117
Interest income on notes receivable from participants	1,092
Contributions:	
Participants' contributions	62,684
Total Contributions	62,684
Total Additions	148,893
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	45,802
Administrative fees	25,324
Total Deductions	71,126
Net Increase	77,767
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	1,010,610
End of Year	$1,088,377

The accompanying notes are an integral part of this statement.

NOTE 1 - PLAN DESCRIPTION

The following description of Sanders Ventures Employee Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan provides retirement benefits and savings opportunities to employees of Tavern Restaurant Group, Inc. (the "Company"). The Plan was adopted by the Company on January 1, 1999 and was amended and restated effective January 1, 2016. The Plan's assets are held in trust and are administered by the Plan's trustees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees of the Company who have completed one year of service and attained age 21.

Benefits Payments

Upon termination of service due to termination of employment, retirement, death, disability, reasons of proven financial hardship, or termination of the Plan, a participant's account is distributed under several options. If the participant's vested interest is greater than $5,000, the participant may choose to receive his benefit in the form of cash as a lump sum payment. If the vested interest is less than $5,000 but greater than $1,000, the participant may elect to have the distribution be paid directly to an eligible retirement plan or receive the distribution directly in the form of cash. Should such an election not be made by the participant, the distribution will be in the form of a direct rollover to an individual retirement plan designated by the Plan. If the vested interest is $1,000 or less, the payment will be in the form of a lump sum payment, payable at termination.

In conditions of "financial hardship," a participant may apply to the plan administrator for approval to withdraw that portion of their 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Code (IRC).

Contributions

Each participant may make voluntary contributions to the Plan by an employee salary reduction election of not less than 1% or more than 15% of their compensation for each Plan year, subject to certain IRC limitations. The Plan allows for the Company to make a discretionary matching contribution. The Company can also elect to make discretionary profit sharing contribution. The Company did not make any matching contributions or profit sharing contributions in 2016 or 2015.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's discretionary matching and profit sharing contributions, and earnings or losses generated from the participant's selected investment options. Allocations are based on participant earnings on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contributions and other discretionary contributions portions of their accounts plus actual earnings thereon is based on years of continuous service. Participants are fully vested in the Plan upon completion of 6 years of service.

NOTE 1 - PLAN DESCRIPTION (Continued)

Notes Receivable from Participants

Participants may borrow from their fund account a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest rates using the prime rate (as specified in the Wall Street Journal) plus 2%. Participants may only have two loans outstanding at any time.

Forfeitures

Forfeitures may be used to offset employer contributions to the Plan. Amounts forfeited that were used to reduce employer contributions in 2016 and 2015 were $0. At December 31, 2016 and December 31, 2015, forfeited nonvested accounts were $2,808 and $3,588, respectively.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") and conform to the accounting requirements of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Adoption of New Accounting Standards

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans Topic (965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted.

Management adopted Part I and Part II for December 31, 2015. Part III is not applicable to this Plan.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The investments are not covered by federal insurance.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan or Plan sponsor as provided in the Plan document.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 4 - INCOME TAXES

The Plan has adopted a prototype non-standardized 401(k) profit sharing plan sponsored by Ascensus, Inc. The Internal Revenue Service ("IRS") has determined by a letter dated March 31, 2014, that the Plan was qualified and the trust established under the Plan was tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan administrator received a letter from the DOL requiring certain actions be performed by a specified date. The Plan administrator is in the process of complying with that notice but has failed to meet the required time period imposed by the DOL. It is not known what the imposed penalties associated with this noncompliance will be. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or the Department of Labor. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2014. There are currently no audits for any tax periods in progress.

NOTE 5 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of money market funds managed by Ascensus Trust Company. These transactions qualify as party-in-interest transactions.

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Ascensus Trust Company, the trustee.

	December 31, 2016	December 31, 2015
Investments:		
Cash	$ 50,086	$ 52,802
Mutual funds	$ 1,014,151	$ 937,771
Investment income (loss)	$ 85,117	

NOTE 8 - FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual fund accounts and money market funds are based on quoted net asset value of the shares held by the Plan at year-end. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

NOTE 8 - FAIR VALUE MEASUREMENT (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and December 31, 2015:

	Fair Value	Quoted Prices in Active markets for Identical Assets (Level 1)
December 31, 2016		
Total money market accounts	$ 50,086	$ 50,086
Total mutual funds	1,014,151	1,014,151
Total assets at fair value	$ 1,064,237	$ 1,064,237

	Fair Value	Quoted Prices in Active markets for Identical Assets (Level 1)
December 31, 2015		
Total money market accounts	$ 52,802	$ 52,802
Total mutual funds	943,083	943,083
Total assets at fair value	$ 995,885	$ 995,885

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the year ended December 31, 2016 are reported in net appreciation (depreciation) in fair value of investments.

NOTE 9 - CORRECTIVE ACTIONS

For the 2016, 2015 and 2014 audits, it was noted that the Plan sponsor failed to timely remit certain employee contributions to the Plan's custodian. In addition, the Plan sponsor failed to properly apply the definition of compensation as it applies to wages. That had the result of under withholding participant deferrals on wages for the effected participants. For each of those plan years there were other instances that require corrective actions by Plan management. The result of not fully operating the Plan according to the Plan document is not known at this time. No amount has been accrued or recorded in the financial statements because the amount cannot be timely determined.

NOTE 10 - SUBSEQUENT EVENTS

The Plan Administrator has evaluated all other events through June 12, 2018, the date the financial statements were available to be issued, for purposes of recognition and disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2016

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
	American Funds AMCAP Fund A	9,202 shares	**	$ 250,566
	American Funds American Balanced	3,077 shares	**	76,340
	American Funds Bond of America A	3,648 shares	**	46,401
	American Funds Cap World Gr and IncA	5,521 shares	**	241,985
	American Funds Washington Mutual Inv	7,588 shares	**	310,742
	American Funds Trgt Date Ret 2020A	4,177 shares	**	47,824
	American Funds Trgt Date Ret 2035A	2,679 shares	**	33,728
	American Funds Trgt Date Ret 2040A	37 shares	**	478
	American Funds Trgt Date Ret 2045A	238 shares	**	3,078
	American Funds Trgt Date Ret 2050A	238 shares	**	3,009
				$ 1,014,151
	Participant Loans	Interest rates range from 5.5% to 7.5%		$ 15,467

* A party-in-interest as defined by ERISA

** Participant directed

See Independent Auditors' Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2016

	Total that Constitute Non exempt Prohibited Transactions			
Participants Contributions Transferred Late to Plan	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected under VFCP and PTE 2002-51**
Check Here if Late Participant Loan Repayments are included: x				
yes	$ 0	$ 0	$ 144,298.00	$ 0

Identity of Party Involved	Relationship to Plan	Description of Transaction	Amount on Line 4(a)	Lost Interest
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 1/06/2016	$ 840.73	$ 1.06
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/13/2016	$ 913.11	$ 0.57
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/03/2016	$ 914.03	$ 1.64
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/10/2016	$ 1,008.02	$ 1.17
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/17/2016	$ 906.93	$ 0.49
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/09/2016	$ 2,043.54	$ 2.37
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/16/2016	$ 1,126.29	$ 0.60
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/23/2016	$ 1,229.83	$ 1.90
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/30/2016	$ 1,129.93	$ 1.04
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/20/2016	$ 1,234.40	$ 3.22
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/27/2016	$ 1,144.80	$ 2.04
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/04/2016	$ 1,454.68	$ 1.38
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/18/2016	$ 1,235.87	$ 3.07
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/25/2016	$ 1,686.68	$ 2.79
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/01/2016	$ 1,450.34	$ 1.20
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/08/2016	$ 1,152.57	$ 2.86
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/15/2016	$ 1,256.60	$ 2.08
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/22/2016	$ 1,149.86	$ 0.95
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/06/2016	$ 1,341.59	$ 1.90
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/20/2016	$ 1,128.75	$ 2.92
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/27/2016	$ 1,219.80	$ 2.15
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/03/2016	$ 1,309.64	$ 1.23
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/17/2016	$ 1,110.99	$ 2.99
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/24/2016	$ 1,202.12	$ 2.25
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/31/2016	$ 1,296.77	$ 1.37
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/14/2016	$ 1,107.85	$ 3.62
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/21/2016	$ 1,519.63	$ 3.72

See Independent Auditors' Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL INFORMATION (Continued)

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2016

Identity of Party Involved	Relationship to Plan	Description of Transaction	Amount on Line 4(a)	Lost Interest
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/28/2016	$ 1,083.06	$ 1.77
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/05/2016	$ 1,387.28	$ 4.85
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/12/2016	$ 1,081.35	$ 2.89
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/19/2016	$ 1,336.98	$ 2.49
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/26/2016	$ 1,320.09	$ 1.38
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/02/2016	$ 1,676.75	$ 3.12
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/09/2016	$ 1,326.14	$ 1.39
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/23/2016	$ 1,356.34	$ 8.95
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/30/2016	$ 1,673.06	$ 9.68
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/07/2016	$ 1,332.08	$ 6.63
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/14/2016	$ 1,923.07	$ 8.01
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/21/2016	$ 1,327.01	$ 4.45
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/28/2016	$ 1,419.44	$ 3.61

See Independent Auditors' Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL INFORMATION (Continued)

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2016

Identity of Party Involved	Relationship to Plan	Description of Transaction	Amount on Line 4(a)	Lost Interest
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 01/07/2015	$ 771.25	$ 0.57
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 01/14/2015	$ 1,248.25	$ 0.93
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 01/21/2015	$ 771.11	$ 0.93
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 01/28/2015	$ 1,246.45	$ 0.69
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 02/04/2015	$ 777.07	$ 0.65
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 02/11/2015	$ 1,295.44	$ 2.40
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 02/18/2015	$ 783.16	$ 0.94
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 02/25/2015	$ 1,281.90	$ 0.71
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 03/04/2015	$ 915.08	$ 0.76
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 03/18/2015	$ 776.98	$ 1.36
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 03/25/2015	$ 823.13	$ 0.91
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 04/01/2015	$ 815.64	$ 1.50
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 04/08/2015	$ 855.30	$ 1.50
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 04/15/2015	$ 833.62	$ 0.92
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 04/29/2015	$ 830.10	$ 0.61
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 05/06/2015	$ 849.16	$ 0.70
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 05/13/2015	$ 889.39	$ 1.23
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 05/20/2015	$ 965.80	$ 0.71
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 05/27/2015	$ 854.39	$ 1.57
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 06/03/2015	$ 856.87	$ 1.02
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 06/10/2015	$ 822.28	$ 1.51
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 06/17/2015	$ 931.92	$ 1.11
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 06/24/2015	$ 821.07	$ 1.43
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 07/01/2015	$ 933.07	$ 1.71
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 07/08/2015	$ 817.56	$ 0.97
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 07/15/2015	$ 917.97	$ 1.76
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 07/22/2015	$ 834.45	$ 1.07
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 07/29/2015	$ 914.80	$ 1.34
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 08/05/2015	$ 813.77	$ 0.67
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 08/12/2015	$ 921.18	$ 1.68
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 08/19/2015	$ 831.64	$ 0.99
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 08/26/2015	$ 1,020.97	$ 1.86
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 09/02/2015	$ 819.10	$ 0.97
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 09/09/2015	$ 926.35	$ 1.69
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 09/16/2015	$ 828.50	$ 0.98
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 09/23/2015	$ 937.98	$ 1.36
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 09/30/2015	$ 854.60	$ 0.70

See Independent Auditors' Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL INFORMATION (Continued)

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2016

Identity of Party Involved	Relationship to Plan	Description of Transaction	Amount on Line 4(a)	Lost Interest
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 10/07/2015	$ 935.38	$ 1.78
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 10/14/2015	$ 826.70	$ 1.05
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 10/21/2015	$ 926.16	$ 1.85
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 10/28/2015	$ 854.91	$ 1.16
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 11/04/2015	$ 946.38	$ 2.40
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 11/11/2015	$ 877.72	$ 1.67
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 11/18/2015	$ 1,008.95	$ 1.92
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 11/25/2015	$ 831.79	$ 1.05
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 12/02/2015	$ 935.94	$ 1.78
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 12/09/2015	$ 925.82	$ 1.17
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 12/16/2015	$ 1,014.77	$ 0.64
Tavern Restaurant Group. Inc.	Plan Sponsor	Contribution from paydate 12/30/2015	$ 920.37	$ 1.74

See Independent Auditors' Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL INFORMATION (Continued)

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2016

Identity of Party Involved	Relationship to Plan	Description of Transaction	Amount on Line 4(a)	Lost Interest
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/02/2014	$ 1,469.63	$ 4.50
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/08/2014	$ 529.51	$ 1.32
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/15/2014	$ 1,441.49	$ 2.62
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/22/2014	$ 508.57	$ 0.58
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/05/2014	$ 516.27	$ 2.02
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/12/2014	$ 1,429.99	$ 4.63
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/19/2014	$ 709.38	$ 1.82
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/26/2014	$ 1,312.23	$ 2.50
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/05/2014	$ 1,151.97	$ 4.71
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/12/2014	$ 636.19	$ 2.18
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/19/2014	$ 1,113.09	$ 3.07
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/26/2014	$ 677.93	$ 1.42
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/02/2014	$ 1,379.48	$ 5.63
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/09/2014	$ 885.37	$ 3.02
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/16/2014	$ 1,370.14	$ 3.77
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/23/2014	$ 905.79	$ 1.89
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/30/2014	$ 1,065.79	$ 5.65
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/07/2014	$ 572.95	$ 2.66
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/14/2014	$ 1,075.00	$ 4.27
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/21/2014	$ 570.72	$ 1.89
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/28/2014	$ 576.37	$ 1.53
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/04/2014	$ 744.26	$ 3.30
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/11/2014	$ 1,178.41	$ 4.45
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/18/2014	$ 747.06	$ 2.33
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/25/2014	$ 1,177.18	$ 2.89
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/02/2014	$ 714.65	$ 3.30
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/09/2014	$ 864.86	$ 3.42
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/16/2014	$ 718.65	$ 2.37
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/23/2014	$ 1,889.33	$ 4.98
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/30/2014	$ 717.31	$ 1.42
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/06/2014	$ 608.49	$ 2.40
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/13/2014	$ 1,109.97	$ 3.65
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/20/2014	$ 602.81	$ 1.58
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/27/2014	$ 1,094.07	$ 2.16
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/03/2014	$ 626.66	$ 1.35
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/10/2014	$ 1,117.27	$ 1.68
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/17/2014	$ 644.44	$ 0.54

See Independent Auditors' Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL INFORMATION (Continued)

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2016

Identity of Party Involved	Relationship to Plan	Description of Transaction	Amount on Line 4(a)	Lost Interest
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/01/2014	$ 754.40	$ 3.60
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/08/2014	$ 717.10	$ 2.95
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/15/2014	$ 1,211.54	$ 4.19
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/22/2014	$ 719.18	$ 2.01
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/29/2014	$ 1,175.91	$ 2.52
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/05/2014	$ 819.50	$ 2.67
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/12/2014	$ 1,255.05	$ 3.28
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/19/2014	$ 823.97	$ 1.61
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/26/2014	$ 1,251.71	$ 1.63
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/03/2014	$ 1,287.45	$ 4.19
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/10/2014	$ 774.28	$ 2.02
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/17/2014	$ 1,266.69	$ 2.47
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/24/2014	$ 780.44	$ 1.02
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/31/2014	$ 1,257.31	$ 0.58
			$ 144,298.00	$ 310.66

See Independent Auditors' Report.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(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):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	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)	**1l**		

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
a	**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) Amount	(b) Total
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		

Expenses

e 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		
g Certain deemed distributions of participant loans (see instructions)	2g		
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)		
j 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		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **(2)** EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a 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 prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b			

			Yes	No	Amount
c	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			
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			
e	Was this plan covered by a fidelity bond?	4e			
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			
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			
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			
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 see instructions for format requirements.)	4j			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l	Has the plan failed to provide any benefit when due under the plan?	4l			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a 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..... ☐ **Yes** ☐ **No** **Amount:**

5b 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.)

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 ERISA section 4021.)? **.....** ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SANDERS VENTURES EMPLOYEE SAVINGS PLAN **EIN:** 61-0843459
Plan Sponsor's Name TAVERN RESTAURANT GROUP, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds AMCAP Fund A	0	250,566
	American Funds	American Funds American Balanced Fund A	0	76,340
	American Funds	American Funds Bond of America A	0	46,401
	American Funds	American Funds Cap World Gr and IncA	0	241,986
	American Funds	American Funds Washington Mutual Inv A	0	310,742
	American Funds	American Funds Trgt Date Ret 2020A	0	47,824
	American Funds	American Funds Trgt Date Ret 2035A	0	33,728

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SANDERS VENTURES EMPLOYEE SAVINGS PLAN **EIN:** 61-0843459
Plan Sponsor's Name TAVERN RESTAURANT GROUP, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Trgt Date Ret 2040A	0	478
	American Funds	American Funds Trgt Date Ret 2045A	0	3,078
	American Funds	American Funds Trgt Date Ret 2050A	0	3,008
	American Funds	American Funds U.S. Govt Money Mkt A	0	50,086
	Participants Loan Account	Various Rates and Maturities	0	15,467