

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
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.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>SANDERS VENTURES EMPLOYEE SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>01/01/1999</u>
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) <u>TAVERN RESTAURANT GROUP, INC.</u> <u>11340 MONTGOMERY ROAD</u> <u>SUITE 214</u> <u>CINCINNATI, OH 45249</u>	2b	Employer Identification Number (EIN) <u>61-0843459</u>
		2c	Plan Sponsor's telephone number <u>513-605-4700</u>
		2d	Business code (see instructions) <u>722511</u>

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.	10/11/2019	WALLACE SANDERS
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 295
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 287 6a(2) 404 6b 0 6c 7 6d 411 6e 0 6f 411 6g 26 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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)
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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)..... ☒ 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.	1000 HARBOR BLVD 8TH FL, COMPLIANCE DEPARTMENT WEEHAWKEN, NJ 07086

(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 LLC

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 64 37 15 60 50	NONE	12950	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

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)	3170	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	19890	45986
(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)	19299	23124
(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)	824129	827587
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	866488	896697

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	866488	896697
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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)	76675	
(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)		76675
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	514	
(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)	1430	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1944
(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)	15421	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15421
(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)		-46528
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		47512

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4353	
(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)		4353
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)	12950	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12950
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17303

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30209
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 CERTIFIED PUBLIC ACCOUNTANTS

(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:

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.).....

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.)

	Yes	No	Amount
4a	X		257829
4b		X	

	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		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?	X		120000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>SANDERS VENTURES EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TAVERN RESTAURANT GROUP, INC.</u>	D Employer Identification Number (EIN) <u>61-0843459</u>

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	<u>0</u>
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): <u>45-0404698</u>		
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 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

**SANDERS VENTURES
EMPLOYEE SAVINGS PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

As of December 31, 2018 (Liquidation Basis)
and 2017 (Ongoing Basis)
and for the year ended
December 31, 2018 (Liquidation Basis)

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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, 2018 (liquidation basis) and December 31, 2017 (ongoing basis), and the related statement of changes in net assets available for benefits for the year ended December 31, 2018 (liquidation basis), 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 6, 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, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

CERTIFIED PUBLIC ACCOUNTANTS

p 859-331-1717 | f 859-331-4356
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.

Emphasis of Matter

As described in Note 1 to the financial statements, the governing body of Sanders Ventures Employee Savings Plan approved a plan of liquidation on October 18, 2018, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2017 financial statements to the liquidation basis used in presenting the 2018 financial statements. Our opinion is not modified with respect to that matter.

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, 2018, 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.

A handwritten signature in black ink that reads "Ruddle, PSC". The signature is written in a cursive, flowing style.

Fort Wright, Kentucky
August 21, 2019

SANDERS VENTURES EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2018 and December 31, 2017

	December 31, 2018 (Liquidation Basis)	December 31, 2017 (Ongoing Basis)
ASSETS		
Investments		
Investments at fair value	\$ 873,573	\$ 841,222
Total Investments	873,573	841,222
Receivables		
Notes receivable from participants	23,124	19,299
Participants' contributions	0	3,170
Total Receivables	23,124	22,469
Cash	0	2,797
Total Assets	896,697	866,488
NET ASSETS AVAILABLE FOR BENEFITS	\$ 896,697	\$ 866,488

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, 2018 (Liquidation Basis)

ADDITIONS

Additions to net assets attributed to:

Investment Income:

Interest and dividends	\$ 15,935
------------------------	-----------

Total Investment Income	15,935
-------------------------	--------

Interest income on notes receivable from participants	1,430
---	-------

Contributions:

Participants' contributions	76,675
-----------------------------	--------

Total Contributions	76,675
---------------------	--------

Total Additions	94,040
-----------------	--------

DEDUCTIONS

Deductions from net assets attributed to:

Net depreciation in fair value of investments	46,528
---	--------

Benefits paid to participants	4,353
-------------------------------	-------

Administrative fees	12,950
---------------------	--------

Total Deductions	63,831
------------------	--------

Net Increase	30,209
---------------------	--------

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	866,488
--------------------------	---------

END OF YEAR	\$ 896,697
--------------------	------------

The accompanying notes are an integral part of this statement.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2018 (Liquidation Basis) and December 31, 2017 (Ongoing Basis)

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.

Plan Termination

On October 18, 2018, Tavern Restaurant Group, Inc. (the “Company”) approved the termination of the Plan, effective December 31, 2018. Effective with the Plan’s termination, all participants with an account balance remaining in the Plan became fully vested in all contribution sources, regardless of status or years of vested service. The Plan’s termination also ceased employee and employer contributions into the Plan and ceased new participant notes receivable from the Plan.

General

The Plan provided retirement benefits and savings opportunities to employees of 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 were held in trust and were administered by the Plan's trustees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan covered all employees of the Company who had completed one year of service and attained age 21.

Benefit 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 could be distributed under several options. If the participant’s vested interest was 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 was less than \$5,000 but greater than \$1,000, the participant could 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 would be in the form of a lump sum payment, payable at termination.

Prior to the Plan’s termination, in conditions of “financial hardship,” a participant could 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

Prior to the Plan’s termination, each participant could make voluntary contributions to the Plan by an employee salary reduction election of not less than 1% or more than 15% of their eligible compensation for each Plan year, subject to certain IRC limitations. The Plan allowed for the Company to make a discretionary matching contribution. The Company could also elect to make a discretionary profit sharing contribution. The Company did not make any matching contributions or profit sharing contributions in 2018.

Participant Accounts

Individual accounts were maintained for each Plan participant. Each participant's account was 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 were based on participant earnings on account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2018 (Liquidation Basis) and December 31, 2017 (Ongoing Basis)

NOTE 1 - PLAN DESCRIPTION (Continued)

Vesting

Participants were 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 were based on years of continuous service. Participants became 100% vested in all account balances at the date of termination.

Notes Receivable from Participants

Prior to the Plan's termination, participants could 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 was less. The loans were secured by the balance in the participant's account and bore interest rates using the prime rate (as specified in the Wall Street Journal) plus 2%. Participants could only have two loans outstanding at any time. Effective December 31, 2018, the Plan ceased new participant notes receivable from the Plan.

Forfeitures

Forfeitures could be used to offset employer contributions to the Plan or to pay Plan expenses. Amounts forfeited that were used to reduce employer contributions in 2018 and 2017 were \$0. At December 31, 2018 and December 31, 2017, forfeited nonvested accounts were \$1,290 and \$1,762, 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. Certain prior period disclosures have been revised to conform to current year's presentation. Effective December 31, 2018, the Company adopted a resolution to terminate the Plan. As a result, the Plan's financial statements as of December 31, 2018 and for the period October 18, 2018 through December 31, 2018 have been prepared on the liquidation basis, in accordance with GAAP. This basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets are reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. The estimated net realizable cash value for investments as of December 31, 2018 would be fair value. There were no material changes to the 2018 financial statements as a result of the change under the liquidation basis of accounting.

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.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses of the Plan are allocated to participant accounts.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2018 (Liquidation Basis) and December 31, 2017 (Ongoing Basis)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment 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 and money markets funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Note 7 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.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - INCOME TAXES

The Plan adopted a prototype standardized profit sharing plan sponsored by Ascensus, Inc. The Internal Revenue Service ("IRS") had 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 IRC. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

The Plan Administrator believes it is no longer subject to income tax examinations for the years prior to 2015. There are currently no audits for any tax periods in progress.

NOTE 4 - RISKS AND UNCERTAINTIES

The Plan invested in various investment securities. Investment securities were exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities previously held by the Plan, it was at least reasonably possible that changes in the values of investment securities would 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 5 - PARTY-IN-INTEREST TRANSACTIONS

All of the Plan investments were held by Ascensus Trust Company. Ascensus Trust Company was the trustee as defined by the Plan and, therefore, those transactions qualified as party-in-interest. Fees paid to Ascensus Trust Company amounted to \$12,950 for the year ended December 31, 2018.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2018 (Liquidation Basis) and December 31, 2017 (Ongoing Basis)

NOTE 6 - 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, 2018	December 31, 2017
	<u>(Liquidation Basis)</u>	<u>(Ongoing Basis)</u>
Investments:		
Money market funds	\$ 45,986	\$ 17,093
Mutual funds	\$ 827,587	\$ 824,129
Investment income (loss)	\$ (30,593)	
Notes receivable from participants	\$ 23,124	\$ 19,299
Interest income on notes receivable from participants	\$ 1,430	

NOTE 7 - 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 used appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measured 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 were 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.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2018 (Liquidation Basis) and December 31, 2017 (Ongoing Basis)

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
<u>December 31, 2018</u>		
Money market funds	\$ 45,986	\$ 45,986
Mutual funds	<u>827,587</u>	<u>827,587</u>
Total assets at fair value	<u>\$ 873,573</u>	<u>\$ 873,573</u>

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
<u>December 31, 2017</u>		
Money market funds	\$ 17,093	\$ 17,093
Mutual funds	<u>824,129</u>	<u>824,129</u>
Total assets at fair value	<u>\$ 841,222</u>	<u>\$ 841,222</u>

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the year ended December 31, 2018 are reported in net appreciation (depreciation) in fair value of investments.

NOTE 8 - CORRECTIVE ACTIONS

During the 2018, 2017, 2016, 2015 and 2014 audits, it was noted that the Company failed to timely remit certain participant contributions to the Plan's custodian. In addition, the Company failed to properly apply the definition of compensation as defined by the Plan. This resulted in certain participants' contributions that were withheld and deposited into the Plan to be less than the amount the participant requested. For each of those plan years there were other instances that require corrective actions by Plan management. Corrective actions were completed for years prior to 2018. 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 9 - SUBSEQUENT EVENTS

The Plan Administrator has evaluated all other events through August 21, 2019, 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, 2018

(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
Money Market:				
	American Funds U.S. Gov't Money Market A	45,986 shares	** \$	45,986
Mutual Funds:				
	American Funds AMCAP Fund A	4,977 shares	**	138,852
	American Funds American Balanced	1,597 shares	**	39,755
	American Funds Bond of America A	925 shares	**	11,624
	American Funds Cap World Gr and IncA	2,625 shares	**	112,377
	American Funds Washington Mutual Inv	3,408 shares	**	139,993
	American Funds Trgt Date Ret 2020A	23,771 shares	**	277,884
	American Funds Trgt Date Ret 2025A	998 shares	**	12,411
	American Funds Trgt Date Ret 2030A	1,150 shares	**	15,149
	American Funds Trgt Date Ret 2035A	4,258 shares	**	56,969
	American Funds Trgt Date Ret 2040A	799 shares	**	10,895
	American Funds Trgt Date Ret 2045A	240 shares	**	3,318
	American Funds Trgt Date Ret 2050A	616 shares	**	8,360
				<u>\$ 873,573</u>
Participant Loans	Interest rates range from 6.25% to 7.5%		\$	<u>23,124</u>

* 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, 2018

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				
Yes	\$ 0	\$ 0	\$ 35,883.14	\$ 221,945.51

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 01/03/2018	\$ 1,726.33	\$ 13.97
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/10/2018	\$ 1,401.62	\$ 10.19
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/17/2018	\$ 1,375.07	\$ 8.86
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/24/2018	\$ 1,398.62	\$ 7.86
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/31/2018	\$ 1,713.30	\$ 8.23
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/07/2018	\$ 1,387.81	\$ 7.14
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/14/2018	\$ 1,398.09	\$ 6.05
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/21/2018	\$ 1,487.57	\$ 7.91
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/28/2018	\$ 2,249.42	\$ 10.11
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/07/2018	\$ 1,474.47	\$ 7.57
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/14/2018	\$ 1,460.16	\$ 6.30
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/21/2018	\$ 1,726.92	\$ 6.04
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/28/2018	\$ 1,461.60	\$ 3.92
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/04/2018	\$ 1,804.51	\$ 3.15
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/11/2018	\$ 2,281.68	\$ 1.66
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/25/2018	\$ 1,480.18	\$ 1.07
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/13/2018	\$ 1,491.58	\$ 4.94
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/27/2018	\$ 1,615.63	\$ 1.16
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/25/2018	\$ 1,395.46	\$ 1.00
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/22/2018	\$ 1,256.76	\$ 1.08
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/05/2018	\$ 1,408.66	\$ 1.00
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/05/2018	\$ 1,009.05	\$ 0.71
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/12/2018	\$ 939.93	\$ 1.06
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/19/2018	\$ 938.72	\$ 1.06

See Independent Auditor's Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN**SUPPLEMENTAL INFORMATION (Continued)****SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

December 31, 2018

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 01/04/2017	\$ 1,579.40	\$ 2.79
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/11/2017	\$ 1,481.75	\$ 1.40
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 01/25/2017	\$ 1,435.49	\$ 2.02
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/01/2017	\$ 1,570.24	\$ 2.40
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/08/2017	\$ 1,451.49	\$ 1.02
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/15/2017	\$ 1,344.61	\$ 1.89
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 02/22/2017	\$ 1,443.04	\$ 0.85
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/01/2017	\$ 1,575.43	\$ 1.66
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/08/2017	\$ 1,763.05	\$ 1.03
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/15/2017	\$ 1,322.24	\$ 1.85
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/22/2017	\$ 2,778.06	\$ 1.62
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 03/29/2017	\$ 1,313.55	\$ 1.84
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/05/2017	\$ 1,666.07	\$ 0.97
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/12/2017	\$ 1,357.47	\$ 2.06
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/19/2017	\$ 1,446.83	\$ 1.01
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 04/26/2017	\$ 1,368.62	\$ 1.91
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/03/2017	\$ 1,673.35	\$ 0.97
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/10/2017	\$ 1,428.99	\$ 3.32
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/17/2017	\$ 1,527.39	\$ 2.30
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/24/2017	\$ 1,422.07	\$ 4.29
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 05/31/2017	\$ 1,849.93	\$ 4.07
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/07/2017	\$ 1,425.31	\$ 2.15
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/14/2017	\$ 1,840.41	\$ 1.28
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/21/2017	\$ 1,409.19	\$ 2.61
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 06/28/2017	\$ 1,542.27	\$ 1.60
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/05/2017	\$ 1,743.78	\$ 2.62
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/12/2017	\$ 1,507.35	\$ 1.04
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/19/2017	\$ 1,419.55	\$ 5.39
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 07/26/2017	\$ 1,520.82	\$ 4.55
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/02/2017	\$ 1,757.61	\$ 11.70
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/09/2017	\$ 1,431.81	\$ 8.38
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/16/2017	\$ 1,431.81	\$ 7.23

See Independent Auditor's Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN**SUPPLEMENTAL INFORMATION (Continued)****SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

December 31, 2018

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 08/23/2017	\$ 1,532.89	\$ 6.50
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 08/30/2017	\$ 1,759.06	\$ 8.67
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/06/2017	\$ 1,666.52	\$ 6.87
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/13/2017	\$ 1,432.11	\$ 4.75
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/20/2017	\$ 1,543.73	\$ 3.89
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 09/27/2017	\$ 1,401.55	\$ 2.40
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/04/2017	\$ 1,808.94	\$ 4.34
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/11/2017	\$ 1,400.83	\$ 2.24
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/18/2017	\$ 1,493.88	\$ 3.24
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 10/25/2017	\$ 1,395.27	\$ 1.91
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/01/2017	\$ 1,817.20	\$ 3.93
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/08/2017	\$ 1,390.70	\$ 1.90
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/15/2017	\$ 1,402.89	\$ 12.41
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/22/2017	\$ 1,416.75	\$ 11.40
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 11/29/2017	\$ 1,720.60	\$ 3.71
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/06/2017	\$ 1,395.55	\$ 1.90
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/13/2017	\$ 1,091.55	\$ 5.07
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/20/2017	\$ 1,077.67	\$ 4.15
Tavern Restaurant Group, Inc.	Plan Sponsor	Contribution from paydate 12/27/2017	\$ 1,070.84	\$ 3.27

See Independent Auditor's Report.

SANDERS VENTURES EMPLOYEE SAVINGS PLAN**SUPPLEMENTAL INFORMATION (Continued)****SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

December 31, 2018

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, 2018

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, 2018

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, 2018

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, 2018

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, 2018

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
			<u>\$257,828.65</u>	<u>\$ 615.07</u>

See Independent Auditors' Report.

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 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
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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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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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:

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.)

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.)

	Yes	No	Amount
4a			
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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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.)

Attachment to 2018 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	138,852
	American Funds	American Funds American Balanced Fund A	0	39,755
	American Funds	American Funds Bond Fund of Amer A	0	11,624
	American Funds	American Funds Cap World Gr and InCA	0	112,377
	American Funds	American Funds Washington Mutual Inv A	0	139,993
	American Funds	American Funds Trgt Date Ret 2020A	0	277,884
	American Funds	American Funds Trgt Date Ret 2025A	0	12,411

Attachment to 2018 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 2030A	0	15,150
	American Funds	American Funds Trgt Date Ret 2035A	0	56,969
	American Funds	American Funds Trgt Date Ret 2040A	0	10,895
	American Funds	American Funds Trgt Date Ret 2045A	0	3,318
	American Funds	American Funds Trgt Date Ret 2050A	0	8,359
	American Funds	American Funds U.S. Govt Money Mkt A	0	45,986
	Participant's Loan Account	Various Rates and Maturities	0	23,124