Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information		
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	and ending 12/3	1/2013
A This return/report is for:	er plan (not multiemployer)	a one-participant plan
B This return/report is: ☐ the first return/report ☐ the final return/report	ort	
an amended return/report a short plan year re	eturn/report (less than 12 month	ns)
C Check box if filing under:	on	DFVC program
special extension (enter description)		
Part II Basic Plan Information—enter all requested information		
1a Name of plan	1	b Three-digit
CARRIES FAMILY RESTAURANT, INC. 401(K) PROFIT SHARING PLAN		plan number
		(PN) ▶ 001
	1	C Effective date of plan
2a Plan sponsor's name and address; include room or suite number (employer, if for a sin	ale empleyer plan)	01/01/2003
CARRIES FAMILY RESTAURANT, INC.	gie-employer plan)	b Employer Identification Number (EIN) 05-0413793
	2	c Sponsor's telephone number
1035 DOUGLAS AVENUE	_	401-831-0066
PROVIDENCE, RI 02904	2	d Business code (see instructions)
		722110
3a Plan administrator's name and address ∑Same as Plan Sponsor Name ☐Same as	Plan Sponsor Address 3	b Administrator's EIN
	2	
	3	C Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report file	ed for this plan, enter the 4	b EIN
name, EIN, and the plan number from the last return/report.		- DV
a Sponsor's name		C PN
5a Total number of participants at the beginning of the plan year	<u> </u>	
b Total number of participants at the end of the plan year		b 0
C Number of participants with account balances as of the end of the plan year (defined becomplete this item)	·	c 0
6a Were all of the plan's assets during the plan year invested in eligible assets? (See ins	tructions.)	X Yes No
b Are you claiming a waiver of the annual examination and report of an independent qua	alified public accountant (IQPA)	, – –
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No Not determined
Caution: A penalty for the late or incomplete filing of this return/report will be assess	ed unless reasonable cause	is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have		
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic belief, it is true, correct, and complete.	version of this return/report, ar	nd to the best of my knowledge and
SIGN Filed with authorized/valid electronic signature. 10/02/2014 HERE 0	THOMAS B FECTEAU	
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
Preparer's name (including firm name, if applicable) and address; include room or suite nur		reparer's telephone number (optional)
		999-999-9999

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.		(b) End o	f Voor		
<u>'</u> a	Total plan assets	7a	(a) beginning of Tea			(b) Ella o		0	
	Total plan liabilities	7b		0)	_
	Net plan assets (subtract line 7b from line 7a)	7c	911	0)	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount			(b) To			
	Contributions received or receivable from:		(a) Amount			(0) 10	ıaı		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	10	4					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					104	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	921	4					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					921	4	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-911	0	
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	des from the List of Plan Char	acteristic	Codes in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	Codes in	the instructio	ns:		
Par	V Compliance Questions								
10	During the plan year:			Y	es No		mount		
а				10a	Х				0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b	Х				0
С				100	X				0
	<u> </u>			10c					0
d	or dishonesty?			10d	X				0
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,						
	instructions.)			10e	X				0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f	X				0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	X				0
h		(See instru	uctions and 29 CFR	10h	X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i	Х				
Part									_
11	Is this a defined benefit plan subject to minimum funding requirem						☐ Yes	X	No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr							^	0
					•	EDICAC I	Yes	V .	No
12	Is this a defined contribution plan subject to the minimum funding			e or secti	un 302 01	EKISA!	res	^	NO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		_			ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			IUI	Day		ear		
	Enter the minimum required contribution for this plan year	•	•		12b				0

Page	3	- [1
гаус	J	- 1	

С	Enter the amount contributed by the employer to the plan for this plan year	12c			0
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	′es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
	13c(1) Name of plan(s):	13c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Identification Information)-OI .				
Part I Annual Report For calendar plan year 2013 or fi	Identification Information	1/1/2013	and ending	1	2/31/2013			
	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
A This return/report is for:	the first return/report	the final return/report	, (,,,,,,,					
B This return/report is:	an amended return/report	a short plan year return	/report (less than 12 mg	onths)				
C of the office constant	Form 5558	automatic extension	mopore (1000 than 12 m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DFVC progra	im		
C Check box if filing under:	김							
Daria Dian Infe	special extension (enter descri		.					
	ormation—enter all requested info	ormation		1h	Three-digit	<u> </u>		
1a Name of plan CARRIES FAMILY RE	1.0	plan number (PN)	001					
				1c	Effective date o	•		
2a Plan sponsor's name and at CARRIES FAMILY RES	ddress; include room or suite numbe TAURANT, INC.	er (employer, if for a single-	employer plan)	2b	Employer Identi			
1035 DOUGLAS AVENU	JE .			2c	Sponsor's telep 40183			
PROVIDENCE 02904	RI			2d	Business code	(see instructions)		
	ind address //Same as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's	EIN		
			•	3с	Administrator's	telephone number		
				41.				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN			
a Sponsor's name	amber none the last retains opera	•		4c	PN			
5a Total number of participants	s at the beginning of the plan year			5a		2		
	, _ ,					•		
b Total number of participants	s at the end of the plan year		•••••	5b		0		
C Number of participants with	= -	the plan year (defined bene	fit plans do not	5b 5c		0		
Number of participants with complete this item) 6a Were all of the plan's asse	s at the end of the plan year account balances as of the end of t ts during the plan year invested in el	the plan year (defined bene	fit plans do not	5c				
C Number of participants with complete this item)	s at the end of the plan year account balances as of the end of t ts during the plan year invested in el of the annual examination and report 3? (See instructions on waiver eligibi	the plan year (defined bene ligible assets? (See instruc t of an independent qualifie ility and conditions.)	fit plans do not tions.)d public accountant (IQ	5c		0		
C Number of participants with complete this item)	s at the end of the plan year	the plan year (defined bene ligible assets? (See instruc t of an independent qualifie ility and conditions.)	fit plans do not tions.) d public accountant (IQ	5c PA)	5500.	O Yes No Yes No		
C Number of participants with complete this item)	s at the end of the plan year account balances as of the end of t ts during the plan year invested in el of the annual examination and report 3? (See instructions on waiver eligibi	the plan year (defined bene ligible assets? (See instruc t of an independent qualifie ility and conditions.)	fit plans do not tions.) d public accountant (IQ	5c PA)	5500.	0 Yes No		
C Number of participants with complete this item)	ts at the end of the plan year	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car	5c PA) Form	5500. Yes No established.	O Yes No Yes No Not determined		
C Number of participants with complete this item)	ts at the end of the plan year	the plan year (defined bene ligible assets? (See instruct t of an independent qualified ility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/re	Form	s 5500. Yes No established. ncluding, if applic	O Yes No Yes No Not determined Cable, a Schedule		
C Number of participants with complete this item)	ts at the end of the plan year	the plan year (defined bene ligible assets? (See instruct t of an independent qualified ility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/re	Form	s 5500. Yes No established. ncluding, if applic	O Yes No Yes No Not determined Cable, a Schedule		
C Number of participants with complete this item)	ts at the end of the plan year	ligible assets? (See instruct of an independent qualifier lility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/re sion of this return/repor	Form [Ise is port, in and	s 5500. Yes No established. Including, if applicate the best of my	O Yes No Yes No Not determined Cable, a Schedule v knowledge and		
C Number of participants with complete this item)	ts at the end of the plan year	the plan year (defined bene ligible assets? (See instruct t of an independent qualified ility and conditions.)	fit plans do not tions.)	Form	Stablished. cluding, if applic to the best of my gning as plan adi	O Yes No Yes No Not determined Cable, a Schedule of knowledge and ministrator		
C Number of participants with complete this item)	ts at the end of the plan year	ligible assets? (See instruct of an independent qualifier lility and conditions.)	fit plans do not tions.)	Form [see is is and it is a see is is a	s 5500. Yes No established. Including, if applice to the best of my applications are plan additionally the second secon	O Yes No Yes No Not determined Cable, a Schedule v knowledge and ministrator		
C Number of participants with complete this item)	ts at the end of the plan year	ligible assets? (See instruct of an independent qualifies lility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/report Enter name of individe Enter name of individe Enter name of individe	Form see is coort, in ual signatural signatura signatural signatura si	established. ncluding, if applic to the best of my gning as plan address as employed.	O Yes No Yes No Not determined Cable, a Schedule v knowledge and ministrator		
C Number of participants with complete this item)	ts during the plan year invested in election of the annual examination and report of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the	ligible assets? (See instruct of an independent qualifies lility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/report Enter name of individe Enter name of individe Enter name of individe	Form see is coort, in ual signatural signatura signatural signatura si	established. ncluding, if applic to the best of my gning as plan address as employed.	O Yes No Yes No Not determined Cable, a Schedule v knowledge and ministrator er or plan sponsor		
C Number of participants with complete this item)	ts during the plan year invested in election of the annual examination and report of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the	ligible assets? (See instruct of an independent qualifies lility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/report Enter name of individe Enter name of individe Enter name of individe	Form see is coort, in ual signatural signatura signatural signatura si	established. ncluding, if applic to the best of my gning as plan address as employed.	O Yes No Yes No Not determined Cable, a Schedule v knowledge and ministrator er or plan sponsor		
C Number of participants with complete this item)	ts during the plan year invested in election of the annual examination and report of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the	ligible assets? (See instruct of an independent qualifies lility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/report Enter name of individe Enter name of individe Enter name of individe	Form see is coort, in ual signatural signatura signatural signatura si	established. ncluding, if applic to the best of my gning as plan address as employed.	O Yes No Yes No Not determined Cable, a Schedule v knowledge and ministrator er or plan sponsor		

- D	4 III Financial Information				·· · - · · ·	·		_
Par	rt III Financial Information		(a) Regioning of Voc			(b) End of	Voor	
	Plan Assets and Liabilities		(a) Beginning of Yea	9110		(b) End of		0
	Total plan assets	7a	<u></u>	9110	·			0
	Total plan liabilities	7b		9110	-			0
	Net plan assets (subtract line 7b from line 7a)	7c	(-) A	9110		(b) Tot	****	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		<u>. </u>	(b) 101	.ai	
а	Contributions received or receivable from: (1) Employers	8a(1)		0		-		
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				.,
b	Other income (loss)	8b		104				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					10	4
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9214			<u></u>	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	****			
f	Administrative service providers (salaries, fees, commissions)	8f		0				•
g_	Other expenses	8g		0	· · · · · · · · · · · · · · · · · · ·	i i i		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		· · · · ·	-		921	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		·	<u> </u>		-911	0
j	Transfers to (from) the plan (see instructions)	8j		0		ili and a second		
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	odes from the List of Plan Char	acteristi	ic Codes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan Chara	cteristic	: Codes in t	he instructio	ns:	
Par	t V Compliance Questions							
10	During the plan year:			1	Yes No	F	mount	
a		itions with uciary Cor	in the time period described in rection Program)	10a	1			(
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b	✓	<u></u>		ļ
	Was the plan covered by a fidelity bond?			10c	✓			(
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d	1	-		(
_	Weré any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	her persor of the bea	ns by an insurance carrier, nefits under the plan? (See	10e	√			ļ
_	Has the plan failed to provide any benefit when due under the pla			10f	✓			1
				10g	1			
•	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h	1			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	ed notice or one of the	10i				
Par	t VI Pension Funding Compliance							
11		nents? (If	"Yes," see instructions and cor	nplete S	Schedule St	3 (Form	Yes [No
11	a Enter the unpaid minimum required contribution for current year f							
12						ERISA?	Yes ,	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					<u> </u>		
	a If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ing amorti	zed in this plan year, see instru	ictions,	and enter t	he date of th	e letter rulin Year	g
	f you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Fo	orm 5500), and skip to line 13					
	Enter the minimum required contribution for this plan year				12b			
	·							

	F	orm 5500-SF 2013		Page 3 -		-					
						1	2c			-	
C	Enter	r the amount contributed by the emplo	yer to the plan for this plan	year	in to the left of a	╁	-	-			
	0000	ract the amount in line 12c from the artive amount)		**********************			2d	7 //		No [N/A
е	Will t	he minimum funding amount reported	on line 12d be met by the fo	unding deadline?				Yes		NO _	14//
Part		Plan Terminations and Tra	nsfers of Assets						7		
13a	Has	a resolution to terminate the plan been a	dopted in any plan year?				<u> </u>	es _	No		
	If "Ye	es." enter the amount of any plan ass	ets that reverted to the empl	oyer this year		···· _1	i3a		-		U
b	Were	e all the plan assets distributed to par	ticipants or beneficiaries, tra	nsferred to anothe	er plan, or brought under ti	ne co				× Yes	No No
С	If du	ring this plan year, any assets or liable th assets or liabilities were transferred	lities were transferred from t	his plan to anothe	r plan(s), identify the plan	(s) to		IN1(a)	<u>'</u>	13c/3	3) PN(s)
		Name of plan(s):				130	(2) E	IIV(S)		100/2	71 14(0)
					ļ				İ		
Par	: VIII	Trust Information (optiona	l)			1	4b T	rust's E	IM		
14a	Name	e of trust				•	4D	just s 🗅	.114		