Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Parti	Annual Report	identification information								
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/201	5	and ending 12/31/	2015					
A This ret	urn/report is for:	a single-employer plan			ers checking this box must attach a lance with the form instructions)					
		a one-participant plan	a foreign plan							
B This retu										
		an amended return/report	a short plan year retur	n/report (less than 12 month	s) 					
C Check b	pox if filing under:	X Form 5558	automatic extension		DFVC program					
		special extension (enter descript								
Part II	Basic Plan Info	ermation—enter all requested inform	nation							
1a Name	•			1k	Three-digit					
PADRINO'S	RESTAURANTS 401	(K) PLAN			plan number (PN) ▶ 001					
				10	Effective date of plan					
					01/01/2006					
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. B			Employer Identification Number (EIN) 65-0883409					
	RESTAURANTS, INC.	e, country, and ZIP or foreign postal o	ode (if foreign, see instr	2c	Sponsor's telephone number 954-723-9156					
				20	Business code (see instructions)					
10396 STATE DAVIE, FL 33	E ROAD 84 UNIT 107 3324				541600					
57(17)2, 1 2 00	702 1				341000					
3a Plan ad	dministrator's name a	nd address XSame as Plan Sponsor.		31:	Administrator's EIN					
				30	Administrator's telephone number					
4 If the n	nome and/or EIN of th	e plan sponsor has changed since the	last return/report filed for	or this plan enter the) EIN					
		mber from the last return/report.	last return/report filed for							
a Sponso					PN					
		at the beginning of the plan year			5a 102 5b 83					
		at the end of the plan year			5b 83					
		account balances as of the end of the		•	5c 31					
d(1) Tota	al number of active pa	rticipants at the beginning of the plan	year	}	d(1) 88					
d(2) Tota	al number of active pa	rticipants at the end of the plan year		50	d(2) 76					
		terminated employment during the plants			5e 1					
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cause i						
SB or Sche		her penalties set forth in the instruction nd signed by an enrolled actuary, as wellete								
SIGN		valid electronic signature.	10/03/2016	MARIO PADRINO						
HERE	Signature of plan a	dministrator	Date		igning as plan administrator					
SIGN	J p				<u> </u>					

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		1165					1181	1886
b Total plan liabilities	7b		1105	0				1181	1000
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	1165	0004			/b) T		1000
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otai	
(1) Employers	8a(1)		33	3121					
(2) Participants	8a(2)		93	814					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-58	921					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							68	3014
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		41	630					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g		10	052					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							51	1682
i Net income (loss) (subtract line 8h from line 8c)	8i							16	332
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructi	ions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					120000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
· · · · · · · · · · · · · · · · · · ·				X					26680
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		10g 10h		X				20000
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	he required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			IUJ		<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П Үе	es \square No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	Report Identification Information	01/01/0015		10/21/0	016			
For calendar plan year 2	015 or fiscal plan year beginning	01/01/2015	and ending	12/31/2				
A This	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)						
A This return/report is for	a one-participant plan	a foreign plan	employer information in doc	ordenso way are				
B This return/report is	the first return/report	the final return/repo	rt					
D This retainineport is	an amended return/report							
• • • • • • • • • • • • • • • • • • • •								
C Check box if filing und	<u> </u>	automatic extension	n ·	☐ DFVC p	rogram			
	special extension (enter desc							
	n Information—enter all requested in	formation		46				
1a Name of plan Padrino's Resta	urants 401(k) Plan			1b Three-digit plan numbe (PN) ▶	001			
			-	1c Effective da	te of plan			
				01/01/2				
Mailing address (incl	e (employer, if for a single-employer plan) ude room, apt., suite no. and street, or P.C			2b Employer Id (EIN) 65-0	entification Number			
City or town, state or PADRINOS RESTA	province, country, and ZIP or foreign post URANTS, INC.	al code (if foreign, see in	nstructions)	2c Sponsor's to 954-723	elephone number -9156			
10396 State Ro	ad 84 Unit 107			2d Business co 541600	de (see instructions)			
B	72204							
Davie	FL 33324			2h Administrate	Yo FIN			
3a Plan administrators	name and address XSame as Plan Spon	SOr.		3b Administrate	OF S EIN			
4 If the name and/or E	IN of the plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN				
name, EIN, and the a Sponsor's name	plan number from the last return/report.			4c PN				
	icipants at the beginning of the plan year			5a	102			
	icipants at the end of the plan year			5b	83			
	nts with account balances as of the end of							
complete this item)				5c	3:			
d(1) Total number of a	ctive participants at the beginning of the pl	lan year		5d(1)	81			
	ctive participants at the end of the plan ye			5d(2)	7			
e Number of participathan 100% vested	nts that terminated employment during the	e plan year with accrued	benefits that were less	5e				
Caution: A penalty for the	ne late or incomplete filing of this return	n/report will be assess	ed unless reasonable cau	ise is establishe	d			
SB or Schedule MB comp belief, it is true, correct, at	y and other penalties set forth in the instru- pleted and signed by an enrolled actuary, a nd complete.	as well as the electronic	version of this return/report	oort, including, if a c, and to the best o	pplicable, a Schedule of my knowledge and			
SIGN	Muy V/may	10/3/16	Mario Padrino					
		36272	Enter name of individ	Enter name of individual signing as plan administrato				
HERE Signature of	plan administrator	Date			n administrator			
Signature of	plan administrator	Date		organis de pro-	n administrator			
Signature of Signature of Sign								
Signature of Signa	f plan administrator f employer/plan sponsor g firm name, if applicable) and address (in	Date	Enter name of individ		ployer or plan sponsor			

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 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot c If the plan is a defined benefit plan, is it covered under the PBGC in 	an indeper and condit not use Fo	ndent qualified public ad ions.) rm 5500-SF and must	ccounta	nt (IQI d use	PA) Form	5500.	X Yes No	
Part III Financial Information	***************************************					_		
7 Plan Assets and Liabilities		(a) Beginning	of Yes		T		(b) End of Year	
a Total plan assets	. 7a		1,16		4		1,181,886	
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	. 7c		1,16	5,55	4		1,181,886	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total	
a Contributions received or receivable from:		1		2 10				
(1) Employers	. 8a(1)			3,12	_	**********	Programme and the second secon	
(2) Participants	. 8a(2)		9.	3,81	4			
(3) Others (including rollovers)	. 8a(3)				-			
b Other income (loss)	. 8b		-5	8,92	1			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				4-		68,014	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4	1,63	0			
Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	 							
g Other expenses	. 8g		1	0,05	2	7 75 3 7 3 1 1		
h Total expenses (add lines 8d, 8e, 8f, and 8g)							51,682	
i Net income (loss) (subtract line 8h from line 8c)						16,33		
j Transfers to (from) the plan (see instructions)						Tag.	,	
B If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	reature cod	les from the List of Plar	n Chara	cterist	ic Cod	ies in th	e instructions:	
10 During the plan year:				Yes	No	N/A	Amount	
Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	/oluntary F	iduciary Correction	10a		Х		Alloun	
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х			120,00	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х			26,68	
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			<u> </u>	Х		20,00	
i If 10h was answered "Yes," check the box if you either provided to	2520.101-3.)							
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			101	·			1	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of th	h = 0 = =		-41		FRISA? Yes X No	

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(If "Yes," complete line 12a or lines 12b, 12	c, 12d, and 12e below, as applicable.)				r	
a If a waiver of the minimum funding standard	for a prior year is being amortized in this plan year, see	Worter	Day_	date of the	ear	g ———
If you completed line 12a, complete lines 3,	9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.	12b			
b Enter the minimum required contribution for	his plan year					
c Enter the amount contributed by the employe	r to the plan for this plan year		12c			
d Subtract the amount in line 12c from the am	ount in line 12b. Enter the result (enter a minus sign to th	ne left of a	12d			
e Will the minimum funding amount reported	on line 12d be met by the funding deadline?			Yes	No	N/A
Part VII Plan Terminations and Trans						
	opted in any plan year?			Yes	X No	
If "Yes," enter the amount of any plan asset	s that reverted to the employer this year		13a			
of the PBGC?	cipants or beneficiaries, transferred to another plan, or br		ntrol		Yes 🛛 N	10
c If during this plan year, any assets or liabilit which assets or liabilities were transferred.	es were transferred from this plan to another plan(s), ide (See instructions.)	entify the plan(s) to				
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII Trust Information						
14a Name of trust			14b ⁻	Trust's EIN		
14c Name of trustee or custodian	*		14d	Trustee's o telephone r		n's
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan?			Ye	es	No	
15b If "Yes," how does the 401(k) plan satisfy th matching contributions (as applicable) under	e nondiscrimination requirements for employee deferrals r sections 401(k)(3) and 401(m)(2)?	and employer	∐ b h	esign- ased safe arbor nethod	ADP test	/ACP
testing method" for nonhighly compensated	olan perform ADP/ACP testing for the plan year using th employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and	1.401(m)-	Y		No	
16a Check the box to indicate the method used	by the plan to satisfy the coverage requirements under s	section 410(b):	∐ p	Ratio ercentage est		erage efit test
	discrimination tests of sections 410(b) and 401(a)(4) by missive aggregation rules?		_ Y	es	No	
17a Has the plan been timely amended for all re	quired tax law changes?		Y 🔲	es	No	□ N/A
17b Date the last plan amendment/restatement for tax law changes and codes).	for the required tax law changes was adopted	Enter the	applica	able code	(See in	nstruction
17c If the plan sponsor is an adopter of a pre-ap advisory letter, enter the date of that favora		rial number				or
determination letter	nd received a favorable determination letter from the IR .	*	f the pla	an's last fav	orable	
18 Is the Plan maintained in a U.S. territory (i.e made), American Samoa, Guam, the Comm	e., Puerto Rico (if no election under ERISA section 1022 nonwealth of the Northern Mariana Islands or the U.S. V	(i)(2) has been 'irgin Islands)?	Y	es	No	
19 Were in-service distributions made during the	ne plan year?		. Y	'es	No	
If "Yes," enter amount		***************************************	. 19	T		
20 Were required minimum distributions made	to 5% owners who have attained age 70 ½ (regardless)?	of whether or not	+	'es	No	N/A