

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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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>MITRA QSR 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2014</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>MITRA QSR KNE, LLC</u> <u>18900 DALLAS PARKWAY</u> <u>SUITE 125</u> <u>DALLAS, TX 75287</u>	2b	Employer Identification Number (EIN) <u>45-4457421</u>
		2c	Plan Sponsor's telephone number <u>214-912-8283</u>
		2d	Business code (see instructions) <u>722513</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.	<u>06/29/2018</u>	<u>JITEN PATEL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1902
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 that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1853 6a(2) 1396 6b 6 6c 73 6d 1475 6e 0 6f 1475 6g 190 6h 39
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 2F 2G 2J 2K 2S 3D 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
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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan MITRA QSR 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MITRA QSR KNE, LLC	D Employer Identification Number (EIN) 45-4457421	

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)		13204
(2) Participant contributions	1b(2)		77705
(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)	2415	1826
(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)	576863	744653
(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	579278	837388

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	579278	837388
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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)	45775	
(B) Participants	2a(1)(B)	247414	
(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)		293189
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)	257	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		257
(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)		36186
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		329632

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69638	
(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)		69638
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)	1884	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1884
j Total expenses. Add all expense amounts in column (b) and enter total	2j		71522

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		258110
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: PHILLIP C. MAY PC

(2) EIN: 80-0794417

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		77705
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?	4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>MITRA QSR 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MITRA QSR KNE, LLC</u>	D Employer Identification Number (EIN) <u>45-4457421</u>

Part I	Distributions
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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	
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>84-0467907</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.)
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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
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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
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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.
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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) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	



Mitra QSR 401(k) Plan

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

Year Ended December 31, 2016

PHILLIP C. MAY PC
Certified Public Accountant

Mitra QSR 401(k) Plan
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Year Ended December 31, 2016

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PHILLIP C. MAY PC

CERTIFIED PUBLIC ACCOUNTANT

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees
of the Mitra QSR 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mitra QSR 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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 E, which was certified by MassMutual Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule(s). We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

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American Institute of Certified Public Accountants ♦ Texas Society of Certified Public Accountants

To the Plan Administrator and Trustees
of the Mitra QSR 401(k) Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedule(s) identified in the table of contents as of or for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule(s) 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 schedule(s), other than that derived from the information certified by the custodian, have 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.



Phillip C. May PC
Dallas, TX

June 28, 2018

Mitra QSR 401(k) Plan
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2016</u>	<u>2015</u>
ASSETS		
Investments, at fair value	\$ 744,653	\$ 576,863
Total investments, at fairvalue	<u>744,653</u>	<u>576,863</u>
Receivables		
Employer	13,204	-
Employees	77,705	-
Notes receivable from participants	<u>1,826</u>	<u>2,415</u>
Total receivables	<u>92,735</u>	<u>2,415</u>
Total Assets	837,388	579,278
LIABILITIES		
Accounts payable or other liabilities	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 837,388</u></u>	<u><u>\$ 579,278</u></u>

Mitra QSR 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2016

ADDITIONS

Investment income	
Net realized/unrealized gain(loss) from investments value of investments	\$ 36,186
Interest	257
Total investment income	<u>36,443</u>
Contributions	
Participant	247,414
Employer	45,775
Total contributions	<u>293,189</u>
Total income	329,632

DEDUCTIONS

Administrative fees and commissions	1,884
Benefits paid to participants	69,638
Total Deductions	<u>71,522</u>
Net increase (decrease) in net assets	258,110

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of the year	<u>579,278</u>
End of year	<u><u>\$ 837,388</u></u>

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

A - DESCRIPTION OF PLAN

The following description of the Mitra QSR 401(k) Plan (the “Plan”) is provided for general information purposes only. The Plan sponsor is Mitra QSR KNE, LLC. Participants should refer to the Summary Plan Description (SPD) for additional information.

General

The Plan was adopted effective January 1, 2014 and has been subsequently amended to conform to Federal regulations, and is a qualified defined contribution plan covering all eligible employees of Mitra QSR KNE, LLC and its affiliated companies (see note I), who are 21 years of age or older and have six months of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). America's 401k, Inc. is the third-party administrator for the Plan and MassMutual Life Insurance Company is the record keeper and custodian. The Plan invests in mutual funds through a contract with MassMutual Life Insurance Company. The Custodian of the Plan has been designated to hold the assets of the Plan for the benefit of Plan Participants and their beneficiaries in accordance with the terms of this Plan. The Trust Fund established by the Plan's Custodian will be the funding medium used for the accumulation of assets from which plan benefits will be distributed.

Allocations to Participant Accounts

Assets of the Plan are allocated to participant accounts based on specific contributions made by each participant and respective matches made by the Company. Investment income (loss) is credited to each account based on appreciation (depreciation) of specific assets held in each participants account and any earnings thereon.

Contributions

In order to allow participants the opportunity to increase their retirement income, each participant may, in accordance with nondiscriminatory procedures established by the administrator, elect to make employee voluntary contributions to the Plan. Such contributions must generally be paid to the custodian within a reasonable period of time after being received by the employer. There are two types of salary deferrals: Pre-Tax 401(k) deferrals and Roth 401 (k) deferrals.

The Company may make discretionary contributions to the Plan to be determined annually. The Company made matching contributions of \$45,775 in 2016.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of the participant's accounts plus actual earnings thereon is 20% after two years of service increasing 20% each year until fully vested after six years of service. A participant will be fully vested in all of their accounts under the Plan upon reaching the Plan's normal retirement age (age 65), their disability or death as well as termination of the Plan.

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

A - DESCRIPTION OF PLAN (Continued)

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equivalent to the value of the vested interest in their account.

For termination of service due to other reasons, participants with vested account balances of more than \$5,000 as of distribution date may receive a distribution from the Plan. If they do not consent to a distribution of their vested account balance, their balance will remain in the Plan. If the participants total vested account balance under the Plan is between \$1,000 and \$5,000 as of the distribution date, they will be eligible to receive a distribution of their entire vested account balance in a lump sum. If they do not consent to a distribution of their vested account balance, their vested benefit will automatically be rolled over to an IRA selected by the Plan Administrator. If a participant's total vested account balance is \$1,000 or less as of the distribution date, their entire vested benefit will be distributed to in a lump sum, even if they do not consent to a distribution.

A participant may receive a hardship distribution from their vested account balances, if the distribution is (1) on account of medical expenses incurred by the participant, their spouse or dependents, (2) to purchase (excluding mortgage payments) a principal residence of the participant, (3) for the payment of tuition, related educational fees and room and board for the next twelve months of post-secondary education for the participant, their spouse, children or dependents, (4) needed to prevent eviction of the participant from their principal residence or foreclosure upon the mortgage of the participant's principal residence, (5) payments for burial or funeral expenses of their deceased parent, spouse, children or other dependents, or (6) expenses for the repair of damage to their principal residence that would qualify for the casualty deduction under the Internal Revenue Code.

Forfeitures

The Employer may use forfeitures to pay plan expenses or to reduce amounts otherwise required to be contributed to the Plan. There were no unallocated forfeitures as of December 31, 2016.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Investment Options

The Plan allows a participant to direct investments of the balance of their participant account. If a participant does not elect to direct the investment of their account, then the account will be invested in accordance with the default investment alternatives established under the Plan.

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

A - DESCRIPTION OF PLAN (Continued)

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Because the Plan is a defined contribution plan, it is not covered by Pension Benefit Guaranty Coverage insurance.

Notes Receivable from Participants

Participant loans are permitted under the Plan. A participant can borrow the lesser of fifty percent of their vested account balance or \$50,000. The initial loan must at least \$1,000. All loans are considered directed investment of the participant's account and all payments of principal and interest will be credited to their account. A participant may only have one loan outstanding at any given time. Loan terms may not exceed five years except in the case of a loan for a primary residence which may be amortized over a longer term, but not to exceed thirty years. The participant's loan is collateralized by the balance in the participant's account and bears interest at a fixed, commercially reasonable rate. Principal and interest are paid ratably through payroll deductions each pay period.

Participant Rollovers

Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

Administrative Expenses

Any fees related to the administration of the Plan or associated with the investment of Plan assets may be paid by the Plan or by the plan sponsor. If the sponsor does not pay plan-related expenses, such fees or expenses will generally be allocated to the accounts of participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan.

B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following summary of the Plan's significant accounting policies is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Plan's management, who is responsible for their integrity and objectivity.

Basis of Presentation and Use of Estimates

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The accrual basis of accounting requires the use of estimates and assumptions that affect the assets, liabilities, revenues and expenses reported in the financial statements, as well as amounts included in the notes thereto, including discussion and disclosure of contingent liabilities. Although the Plan uses its best estimates and judgments, actual results could differ from these estimates as future confirming events occur.

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basis when received. Related fees are charged directly to the borrowing participant's account when incurred. The notes receivable are collateralized by the balances of the participant's account. Consequently, as of December 31, 2016 and 2015, no allowance for credit loss is considered necessary.

Contributions

Contributions from employees are recorded in the period in which they are deducted from participant earnings. Company contributions may be recorded when received or accrued.

Plan Expenses and Payments of Benefits

Plan expenses and the payment of benefits are recorded when paid by the Plan.

Fair Value Measurements

The framework for measuring fair value is a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted price in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1

Fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2

Fair values are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly.

Level 3

Fair values are based on at least one significant unobservable input for the asset.

The methods and significant assumptions used to estimate fair values of financial instruments are as follows.

<u>Asset type</u>	<u>Proposed Level</u>	<u>Rationale</u>
Mutual funds (including Money Market funds)	Level 1	Fair values are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly.

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Following is a summary of Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

INPUT LEVELS BY INVESTMENT CATEGORY

Investment Category	Year ended December 31, 2017			
	Level 1	Level 2	Level 3	Total
Stable value/money mkt*	\$ -	\$ -	\$ -	\$ 58,439
Mutual funds	686,214	-	-	686,214
Total	<u>\$ 686,214</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 744,653</u>

Investment Category	Year ended December 31, 2016			
	Level 1	Level 2	Level 3	Total
Stable value/money mkt*	\$ -	\$ -	\$ -	\$ 28,765
Mutual funds	548,098	-	-	548,098
Total	<u>\$ 548,098</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 576,863</u>

For the year ended December 31, 2016, the Plan had a net realized/unrealized gain (loss) of \$36,186. The carrying value of the accounts receivable from the employer, employees and the notes receivable from participants approximates their fair values at December 31, 2016 and 2015, respectively.

*In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

C - TAX STATUS

Mitra QSR 401(k) Plan is based upon a volume submitter plan instrument from America's 401k, Inc. which received an IRS advisory letter dated March 31, 2014. The volume submitter plan instrument has been updated for legislative and regulatory changes. Management committee, America's 401k, Inc. and the plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

D - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Net assets available for benefits per the accompanying financial statements	\$ 837,388	\$ 579,278
Difference to reconcile	<u>-</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ 837,388</u>	<u>\$ 579,278</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2016.

	<u>2016</u>
Changes in net assets available for benefits per the accompanying financial statements	\$ 258,110
Difference to reconcile	<u>-</u>
Changes in net assets available for benefits per Form 5500	<u>\$ 258,110</u>

E – FINANCIAL INFORMATION CERTIFIED BY THE PLAN’S CUSTODIAN (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by MassMutual Life Insurance Company, the trustee and party-in-interest as defined by ERISA, as of December 31, 2016 and 2015, except for comparing such information certified by the Custodian to information included in the Plan’s financial statements. The information consists of the following:

<u>Investment assets at December 31:</u>	<u>2016</u>	<u>2015</u>
Investments, at fair value	\$ 744,653	\$ 576,863
Participant loans	1,826	2,415
 <u>Net change in assets for the year ended December 31:</u>		<u>2016</u>
Net investment gain (loss)		\$ 36,186
Interest income		257
Participant contributions		247,414
Employer contributions		45,775
Benefit payments and plan expenses paid directly		(71,522)

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

F - ADMINISTRATIVE FEES

The Plan paid America's 401k, Inc. \$1,884 in 2016. The sponsor continues to incur the expenses for the Plan such as payroll administration and the fee paid to the auditor.

G - CONCENTRATIONS OF RISK

The following is a summary of financial instruments subject to credit risk at year end.

Investment Securities

The Plan's investments are not insured by agencies of the United States government. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits. The maximum amount of loss due to credit risk that the Plan would incur if parties to the financial instruments failed to perform according to the terms of the contracts and the collateral, in any proved to be of no value, would approximate the balances that appear on the Statement of Net Assets Available for Benefits.

Notes Receivable from Participants

As discussed in Note A above, if a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced and the balance of the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

H – PARTY IN INTEREST TRANSACTIONS

America's 401k, Inc. is the third party administrator of the Plan and as such is a party-in-interest with respect to the Plan. MassMutual Life Insurance Company is the custodian of the Plan's investments and as such is a party-in-interest to the Plan.

Mitra QSR 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

I - SINGLE EMPLOYER PLAN (RELATED PARTIES)

As defined in ERISA, Single Employer plans are generally established by the management of one employer (or a controlled group of corporations) either unilaterally or through collective bargaining, and the employer is the plan sponsor. By contrast, multiemployer plans are normally negotiated and established pursuant to a collective bargaining agreement between an associated group of employers, such as in the construction trades, and the union representing the employees.

For financial reporting purposes, Mitra QSR 401(k) Plan is considered a single employer plan which includes the employees Mitra QSR KNE, LLC and its affiliated companies, Mitra Midwest Operations, LLC and Mitra Hedgehog LLC.

J – DATE OF MANAGEMENT’S REVIEW

The Plan’s management has evaluated subsequent events through date of the independent auditor’s report, which is the date the financial statements were available to be issued.

Supplemental Information

Mitra QSR 401(k) Plan
Form 5500, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
For year ended December 31, 2016

EIN: 45-4457421

Plan: 001

Participant Contributions Transferred Late to Plan		Total that Constitute Non-exempt Prohibited Transactions				
Check here if Late Participant Loan Repayments are included [X]	Plan Year	Contributions not corrected	Contributions corrected outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51	
\$ 77,705	2016	\$ 77,705	\$ -	\$ -	\$ -	
\$ 77,705		\$ 77,705	\$ -	\$ -	\$ -	

Mitra QSR 401(k) Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held for Investment Purposes)
At end of year December 31, 2015

EIN: 45-4457421

Plan: 001

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
	Oppenheimer Int'l Growth R	Mutual funds	N/A	931
	PIMCO Total Return R	Mutual funds	N/A	231
	Clearbridge Sm Cap Gr R	Mutual funds	N/A	237
	Oppenheimer Real Estate R	Mutual funds	N/A	710
	Franklin Small Cap Value R	Mutual funds	N/A	1,407
	The Hartford Inflation Plus R3	Mutual funds	N/A	174
	Franklin High Income R	Mutual funds	N/A	1,037
	MFS International Value R2	Mutual funds	N/A	460
	Oppenheimer Global R	Mutual funds	N/A	171
	American Funds Amcap R1	Mutual funds	N/A	1,743
	Am Funds Europac Growth R1	Mutual funds	N/A	1,272
	Invesco Comstock R	Mutual funds	N/A	1,462
	Nuveen Equity Index R3	Mutual funds	N/A	758
	Nuveen Mid Cap Index R3	Mutual funds	N/A	165
	Nuveen Small Cap Index R3	Mutual funds	N/A	165
	JPM Smartretirement 2015 R2	Mutual funds	N/A	26,589
	JPM Smartretirement 2020 R2	Mutual funds	N/A	134,638
	JPM Smartretirement 2025 R2	Mutual funds	N/A	97,871
	JPM Smartretirement 2030 R2	Mutual funds	N/A	66,922
	JPM Smartretirement 2035 R2	Mutual funds	N/A	118,522
	JPM Smartretirement 2040 R2	Mutual funds	N/A	62,194
	JPM Smartretirement 2045 R2	Mutual funds	N/A	78,468
	JPM Smartretirement 2050 R2	Mutual funds	N/A	55,467
	JPM Smartretirement 2055 R2	Mutual funds	N/A	34,620
	Total Mutual Funds			686,214
		Stable value/money market		
*	Stable value/money market	Fixed Account	N/A	58,439
	Total			58,439
		Participant Loans		
*	Participant Loans	Participant loans secured by participant vested accrued benefits with interest at 5.25% to 5.50%.	\$ -	1,826
	Total participant loans		-	1,826
	Total		\$ -	\$ 746,479

* Indicates a party-in-interest to the Plan.

Mitra QSR 401(k) Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held for Investment Purposes)
At end of year December 31, 2015

EIN: 45-4457421

Plan: 001

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
	Oppenheimer Int'l Growth R	Mutual funds	N/A	931
	PIMCO Total Return R	Mutual funds	N/A	231
	Clearbridge Sm Cap Gr R	Mutual funds	N/A	237
	Oppenheimer Real Estate R	Mutual funds	N/A	710
	Franklin Small Cap Value R	Mutual funds	N/A	1,407
	The Hartford Inflation Plus R3	Mutual funds	N/A	174
	Franklin High Income R	Mutual funds	N/A	1,037
	MFS International Value R2	Mutual funds	N/A	460
	Oppenheimer Global R	Mutual funds	N/A	171
	American Funds Amcap R1	Mutual funds	N/A	1,743
	Am Funds Europac Growth R1	Mutual funds	N/A	1,272
	Invesco Comstock R	Mutual funds	N/A	1,462
	Nuveen Equity Index R3	Mutual funds	N/A	758
	Nuveen Mid Cap Index R3	Mutual funds	N/A	165
	Nuveen Small Cap Index R3	Mutual funds	N/A	165
	JPM Smartretirement 2015 R2	Mutual funds	N/A	26,589
	JPM Smartretirement 2020 R2	Mutual funds	N/A	134,638
	JPM Smartretirement 2025 R2	Mutual funds	N/A	97,871
	JPM Smartretirement 2030 R2	Mutual funds	N/A	66,922
	JPM Smartretirement 2035 R2	Mutual funds	N/A	118,522
	JPM Smartretirement 2040 R2	Mutual funds	N/A	62,194
	JPM Smartretirement 2045 R2	Mutual funds	N/A	78,468
	JPM Smartretirement 2050 R2	Mutual funds	N/A	55,467
	JPM Smartretirement 2055 R2	Mutual funds	N/A	34,620
	Total Mutual Funds			686,214
		Stable value/money market		
*	Stable value/money market	Fixed Account	N/A	58,439
	Total			58,439
		Participant Loans		
*	Participant Loans	Participant loans secured by participant vested accrued benefits with interest at 5.25% to 5.50%.	\$ -	1,826
	Total participant loans		-	1,826
	Total		\$ -	\$ 746,479

* Indicates a party-in-interest to the Plan.