_	n 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210 1210	0-0110 0-0089		
	nent of the Treasury I Revenue Service	This form is required to be filed	under sections 104 and 4			2017			
	artment of Labor efits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 605 Revenue Code (the Code		This Fo				
Pension Bene	efit Guaranty Corporation	Complete all entries in action	cordance with the instr	uctions to the Form 55	Public Inspection				
		dentification Information							
For calendar	plan year 2017 or fise	cal plan year beginning 01/01/20			/31/2017				
A This retu	rn/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) (F ployer information in ac		•			
B This return	a/roport is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check bo	ox if filing under:	X Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descrip	otion)						
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name of					1b Thre				
PADRINO'S R	ESTAURANTS 401(k	() PLAN			plan (PN)	number 001			
						tive date of plan			
			01/01/2006						
		er, if for a single-employer plan) a, apt., suite no. and street, or P.O.	Box)		2b Employer Identification Number (EIN) 65-0883409				
-	own, state or province ESTAURANTS, INC.	, country, and ZIP or foreign postal	code (if foreign, see instr	uctions)	2c Sponsor's telephone number				
				-	2d Busir	954-723-9156 ness code (see instruction	ons)		
	ROAD 84 UNIT 107					541600			
DAVIE, FL 333	324					041000			
3a Plan adr	ministrator's name and	d address X Same as Plan Spons	or		3b Admi	nistrator's EIN			
					3c Administrator's telephone number				
4 If the na	me and/or FIN of the	plan sponsor or the plan name has	changed since the last re	aturn/report filed for	4b EIN				
this plar	n, enter the plan spon	sor's name, EIN, the plan name an							
a Sponsorc Plan Nation					4d PN				
5a Total nu	mber of participants a	at the beginning of the plan year			5a		88		
		at the end of the plan year		F	5b		93		
		ccount balances as of the end of th		•	5c		37		
d(1) Total	number of active part	icipants at the beginning of the plai	n year		5d(1)		82		
• •		icipants at the end of the plan year			5d(2)		86		
than 10	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0		
Caution: A p	penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable cau					
SB or Sched		er penalties set forth in the instructi d signed by an enrolled actuary, as lete.							
		valid electronic signature.	09/07/2018	MARIO PADRINO					
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator			
SIGN					2 0	·			
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual sianina	as employer or plan spo	onsor		
	<u> </u>								

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

Form 5500-SF (2017) v.170203

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? c If the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year c (See instructions on the PBGC premium filing for this plan year 					
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year	
a	Total plan assets	7a	1423450	1769463	
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	1423450	1769463	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	44197		
	(2) Participants	8a(2)	103587		
	(3) Others (including rollovers)	8a(3)	867		
b		8b	246608		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		395259	

b Other income (loss)	8b	246608	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			395259
d Benefits paid (including direct rollovers and insurance premiur to provide benefits)		40756	
e Certain deemed and/or corrective distributions (see instruction	ns) 8e		
f Administrative service providers (salaries, fees, commissions)) 8f		
g Other expenses	8g	8490	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		49246
i Net income (loss) (subtract line 8h from line 8c)	8i		346013
j Transfers to (from) the plan (see instructions)	······ 8j		
			•

Part IV Plan Characteristics

9a	If the	plan p	orovic	s pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions	3:
	2E	2H	2J	2K	

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

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
C	Was the plan covered by a fidelity bond?	10c	x		145000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		9991
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		13685
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of	🛛	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the dat ay	te of the le Yea		ling
If y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		ΧY	es	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?			Yes	XN	lo
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(5)	130	:(3) P	N(s)
			<u>) = : ((</u>	,		<u>(()</u>	

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	This form is required to be file	d under sections 104 and 4	065 of the Employee R	etirement	2017
Employee E	epartment of Labor Benefits Security Administration	 Income Security Act of 1974 	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection
Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5	500-SF.	rubic inspection
Part I	Annual Report	Identification Information				
For calend	lar plan year 2017 or fis	scal plan year beginning	01/01/2017	and ending	12/3	1/2017
A This re	turn/report is for:	X a single-employer plan				ing this box must attach a the form instructions.)
R This rot	urn/report is	a one-participant plan	a foreign plan			
Dimsiet	umreportis	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	x Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter desc	the second se			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name	e of plan				1b Three	
Padrino	's Restaurants	s 401(k) Plan				umber 001
	b nobourdiner				(PN)	the second s
					 HARDER CONTRACTORS 	ive date of plan 1/2006
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0) Box)		Transferrar Base Second State	over Identification Number 65-0883409
		e, country, and ZIP or foreign pos		ructions)		sor's telephone number
PADRIN	OS RESTAURANTS	S, INC.			The second s	723-9156
10396	State Road 84	Unit 107			and an and a second	ess code (see instructions)
					54160	00
Davie		FL 33324				
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admir	histrator's EIN
					3c Admir	nistrator's telephone number
		e plan sponsor or the plan name h nsor's name, EIN, the plan name	0		4b EIN	
a Spons c Plan I	sor's name				4d PN	
	Name					
5a Total	number of participants	at the beginning of the plan year.			5a	88
7 2 3		at the end of the plan year			5b	93
c Num	ber of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	37
10000000	Contraction of the second s	rticipants at the beginning of the p			5d(1)	82
		rticipants at the end of the plan ye			5d(2)	80
e Num	ber of participants who	terminated employment during th	e plan year with accrued be	enefits that were less	5e	(
		or incomplete filing of this retur			use is estat	
Under per SB or Sch	nalties of perjury and ot nedule MB completed a	her penalties set forth in the instru nd signed by an enrolled actuary,	ctions, I declare that I have	examined this return/re	port, includir	ng, if applicable, a Schedule
SIGN	true, correct, and com	SM	9/7/18	Mario Padrino		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing a	as plan administrator
SIGN	orginature or plan a		Duto		an orgining e	- prairie dan minor du or
SIGN	Olanata da l		Detr	Enter new offer the	lual air-i-	
Contraction of the	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 550	Date 0-SF.	Lenter name of individ	iual signing a	Form 5500-SF (2017)
1 of 1 aperv	North Neuronon Act Notic	s, see the man actions for Form 550				v.170203

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1	P	a	ge	9	2

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ	tent qualified public a	ccounta	ant (IQ	PA)		X Yes 🛛 No X Yes 🗌 No
с	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?			Not determined e instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Y	ear
a	Total plan assets	7a		423,4	150		(0) 210 01 1	1,769,46
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	1,	423,4	150			1,769,46
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	(d) Parloan	44,1	.97		(5) 10141	
	(2) Participants	8a(2)		103,5	587		in a start and the	The 19 in the bit
	(3) Others (including rollovers)	8a(3)		8	367	an de ser	an de Balano,	
b	Other income (loss)	8b		246,6	508		t en t s n	1.1438.14
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	e	1	12	-		395,25
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		40,7	756			
e	Certain deemed and/or corrective distributions (see instructions)	8e				1.1.1	$ x = \frac{1}{2} \sum_{i=1}^{n-1} \frac{1}{2} \sum_{i=1$	
f	Administrative service providers (salaries, fees, commissions)	8f				5 618 -		
g	Other expenses	8g		8,4	190	8	5	"Control (2" "Gravely"
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1.	-		49		
i	Net income (loss) (subtract line 8h from line 8c)	8i				346,0		
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K	feature cod	es from the List of Pla	an Char	acteri	stic Codes i	n the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Pla	n Chara	cterist	tic Codes in	the instruction	ns:
Pai	rt V Compliance Questions					1		
10	During the plan year:				Yes	No	Amo	unt
a	described in 29 CFR 2510.3-102? (See instructions and DOL's \	/oluntary Fig	duciary Correction	10a		x		
1	Program)			10b		х	-	
(Was the plan covered by a fidelity bond?			10c	Х			145,00
		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				х		
6	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.).	her persons ne or all of t	by an insurance he benefits under	10e	x			9,99
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-ei	nd.)	10a	x			13.68

 ${f h}$ If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the 10i exceptions to providing the notice applied under 29 CFR 2520.101-3

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)			Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 c		Yes X	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter Da		f the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
	Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [] No 🗍 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 Yes	No No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		. [Yes 🕅 No	
c	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) EIN(s))	13c(3) PN(s)	