_	5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	of the Treasury venue Service	This form is required to be filed	d under sections 104 and 4			2017				
Employee Benefits S	ent of Labor Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	Internal	This Form is Open to Public Inspection					
	uaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.	r ubic inspection				
		lentification Information	04.0							
For calendar pla	n year 2017 or fisc	al plan year beginning 01/01/2			5/31/2018	the state is a second state of a				
A This return/re	eport is for:	a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)				
B This return/re	port is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report		months)					
-		an amended return/report	X a short plan year retur	n/report (less than 12 m	onths)					
C Check box if	filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri								
Part II Ba	sic Plan Inform	mation—enter all requested inf	ormation							
1a Name of pla					1b Thre					
PADRINO'S RES	TAURANTS 401(K)	PLAN			plan (PN)	number 001				
					. ,	ctive date of plan				
		r if for a single ampleyer plan)				01/01/2006				
Mailing add	ress (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O			ZD Empl (EIN)	loyer Identification Number 65-0883409				
City or town PADRINOS REST		country, and ZIP or foreign posta	al code (if foreign, see insti	ructions)	2c Spor	nsor's telephone number 954-723-9156				
					2d Busir	ness code (see instructions)				
10396 STATE RO DAVIE, FL 33324	AD 84 UNIT 107					541600				
3a Plan admini	strator's name and	address X Same as Plan Spon	sor.		3b Admi	inistrator's EIN				
					30 Admi	inistrator's telephone number				
		lan sponsor or the plan name ha			4b EIN					
a Sponsor's n	• •	or's name, EIN, the plan name a	nd the plan humber from t	le last return/report.	4d PN					
C Plan Name										
5a Total numb	er of participants at	the beginning of the plan year			5a	93				
		the end of the plan year			5b	0				
		count balances as of the end of t			5c	0				
		cipants at the beginning of the pla	-		5d(1) 5d(2)	86				
d(2) Total number of active participants at the end of the plan year						0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
		incomplete filing of this return								
SB or Schedule		r penalties set forth in the instruc signed by an enrolled actuary, a ete.								
		alid electronic signature.	11/07/2018	MARIO PADRINO						
HERE Sig	nature of plan adı	ninistrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN										
HERE Sig	nature of employe	er/plan sponsor	Date	Enter name of individe	ual signing	as employer or plan sponsor				

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

Form 5500-SF (2017) v.170203

-	Were all of the plan's assets during the plan year invested in eligib							X Yes 🗌 No
b	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					,		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	premium filing for this p	lan yea	r		(Se	e instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Y	ear
а	Total plan assets	7a		69463			X /	0
-	Total plan liabilities	. 7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	17	69463				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		854				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						854
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	17	50578				
е	Certain deemed and/or corrective distributions (see instructions)	8e		13686				
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		6053				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17	70317
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-17	69463
j	Transfers to (from) the plan (see instructions)	- 8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2H $$ 2J $$ 2K	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the instruction	ns:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amo	unt
а	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 F	iduciary Correction	10a		x		
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10b		X		
c	C Was the plan covered by a fidelity bond?				X			177000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10c 10d		Х		
e	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.).	ne or all of	the benefits under	10e	x			3808
f	Has the plan failed to provide any benefit when due under the plan	ın?		10f		Х		

Х

Х

10g

10h

10i

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i,

2520.101-3.)

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.....

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Page 3- 1

Part	VI Pension Fu	iding Compliance				
11	Is this a defined ben (Form 5500) and line	dule S	В	<u> </u>	'es 🗌 No	
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	<u> </u>	′es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the lette Year _	r ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan as control of the PBGC		×	Yes	No	
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3) PN(s)

	orm 5500-SF	Short Form Ann		port of Small Emp	oloyee	0	MB Nos. 1210-0110 1210-0089		
	epartment of the Treasury nternal Revenue Service	This form is required to be fi	Benefit P		Retirement	-	2017		
	Department of Labor e Benefits Security Administration	Income Security Act of 197	4 (ERISA), and section Revenue Code (the	ns 6057(b) and 6058(a) of th e Code).	the Internal This Form is Open to Public Inspection				
Pensior	Benefit Guaranty Corporation			e instructions to the Form	5500-SF.				
Part I	Annual Repor	t Identification Information fiscal plan year beginning	n 01/01/2018	and ending	05/3	31/2018			
For cale	hdar plan year 2017 or	X a single-employer plan	a multiple-emplo	oyer plan (not multiemployer)	(Filers check	ing this box	must attach a		
A This	return/report is for:	a one-participant plan	list of participat	ing employer information in a	accordance w	ith the form	instructions.)		
B This re	eturn/report is	the first return/report	∑	enort					
		an amended return/report		r return/report (less than 12)	months)				
C observation	hav if films under					rogram			
C Check	box if filing under:	Form 5558	automatic exter	ISION		logram			
Part II	Basic Plan Infe	Special extension (enter deso Drmation —enter all requested in							
1a Name		mation-enter all requested in	iomation		1b Thre	e-digit			
	n Maria Manazarta Maria - Maria	c 401 (k) Dlan			2.1.2.2.C		001		
Padrino	's Restaurant:	5 401(K) Plan			(PN)	tive date of	l olan		
						1/2006	Picin		
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0				loyer Identil) 65-088	ication Number 3409		
	town, state or province S RESTAURANTS	e, country, and ZIP or foreign pos	tal code (if foreign, se	e instructions)		nsor's telep 723-91	hone number 56		
10396 S	tate Road 84	Unit 107			2d Busin 5416	V2339	see instructions)		
Davie		FL 33324							
퇴험공항은 가지 않는	ministrator's name an	d address X Same as Plan Spo	nsor		3b Adm	inistrator's f	EIN		
					3c Adm	inistrator's t	elephone number		
*/									
this plan	n, enter the plan spon	plan sponsor or the plan name has sor's name, EIN, the plan name a	as changed since the and the plan number f	last return/report filed for rom the last return/report.	4b EIN 4d PN		in je hyver i fi		
 4 If the na this plan a Sponsor c Plan Na 	n, enter the plan spon 's name	plan sponsor or the plan name has sor's name, EIN, the plan name a	as changed since the and the plan number f	last return/report filed for rom the last return/report.					
this plan a Sponsor c Plan Na	n, enter the plan spon r's name me	sor's name, EIN, the plan name a	ind the plan number f	rom the last return/report.	4d PN	T			
this plan a Sponsor c Plan Na 5a Total nu	n, enter the plan spon r's name me mber of participants a	sor's name, EIN, the plan name a t the beginning of the plan year	ind the plan number f	rom the last return/report.	4d PN		9		
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this plai a Sponsor c Plan Na 5a Total nu b Total nu c Number	n, enter the plan spon r's name me mber of participants a mber of participants a of participants with ac	sor's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year	ind the plan number f	rom the last return/report.	4d PN 5a 5b		9		
this plai a Sponsor c Plan Na 5a Total nu b Total nu c Number complete	n, enter the plan spon r's name me mber of participants a mber of participants a of participants with ac e this item)	sor's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of t	ind the plan number f	rom the last return/report.	4d PN 5a 5b 5c				
this plan a Sponsor c Plan Na 5a Total nu b Total nu c Number complete d(1) Total n	n, enter the plan spon r's name me mber of participants a mber of participants a of participants with ac e this item)	sor's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of t cipants at the beginning of the pla	ind the plan number f he plan year (only de	rom the last return/report.	4d PN 5a 5b 5c 5c 5d(1)				
this plai a Sponsor c Plan Na 5a Total nu b Total nu c Number complete d(1) Total n d(2) Total n e Number than 100	n, enter the plan spons r's name me mber of participants a of participants with ac e this item) number of active partic number of active partic of participants who te 0% vested	sor's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of t cipants at the beginning of the pla cipants at the end of the plan yea erminated employment during the	ind the plan number f the plan year (only de an year r plan year with accru	rom the last return/report. fined contribution plans ed benefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e				
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this plai a Sponsor c Plan Na 5a Total nu b Total nu c Number complete d(1) Total r d(2) Total r e Number than 100 Caution: A pe Inder penaltice B or Schedul elief, it is true	n, enter the plan spons r's name me mber of participants a mber of participants a of participants with ac e this item) number of active partic number of active partic of participants who te 0% vested enalty for the late or as of perjury and other	sor's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of the cipants at the beginning of the pla cipants at the end of the plan yea erminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as	ind the plan number f the plan year (only de an year plan year with accru /report will be asse t tions, I declare that I	rom the last return/report. fined contribution plans ed benefits that were less ssed unless reasonable c have examined this return/r	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ ort, and to th	ling, if appli	cable, a Schedule		
this plai a Sponsor c Plan Na 5a Total nu b Total nu c Number complete d(1) Total n d(2) Total n d(2) Total n e Number than 100 Caution: A pe Joder penaltie B or Schedul elief, it is true	n, enter the plan spons r's name me mber of participants a of participants with ac e this item) number of active partic number of active partic of participants who te 0% vested enalty for the late or as of perjury and other le MB completed and	sor's name, EIN, the plan name a to the beginning of the plan year to the end of the plan year ccount balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan yea erminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as te.	ind the plan number f the plan year (only de an year plan year with accru /report will be asse t tions, I declare that I	rom the last return/report. fined contribution plans ed benefits that were less ssed unless reasonable c have examined this return/repo	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ ort, and to th	ling, if appli e best of m	8 cable, a Schedule y knowledge and		
this plai a Sponsor C Plan Na 5a Total nu b Total nu C Number complete d(1) Total n d(2) Total n d(2) Total n d(2) Total n complete d(1) Total n complete d(1) Total n complete d(1) Total n complete d(2) Total n complete d(1) Total n complete d(2) Total n complete d(2) Total n complete d(1) Total n complete d(1) Total n complete d(1) Total n complete d(1) Total n complete d(1) Total n complete d(2) Total n complete d(2) Total n complete d(1) Total n complete d(1) Total n complete d(1) Total n complete d(1) Total n complete d(2) Total n complete d(2) Total n complete d(2) Total n complete d(2) Total n complete d(3) Complete d(3) C	n, enter the plan spons i's name me mber of participants a mber of participants a of participants with ac e this item) number of active partic of participants who te of participants who te malty for the late or as of perjury and other is MB completed and correct, and comple	sor's name, EIN, the plan name a to the beginning of the plan year to the end of the plan year ccount balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan yea erminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as te.	the plan year (only de the plan year (only de an year plan year with accru /report will be asse t tions, I declare that I is well as the electron	rom the last return/report. fined contribution plans ed benefits that were less ssed unless reasonable c have examined this return/report ic version of this return/report Mario Padring	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ ort, and to th	ling, if appli e best of m	y knowledge and		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
С	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.)
Pa	t III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a		769,		_	0
b		7b			0		0
c	Net plan assets (subtract line 7b from line 7a)	7c	1,	769,	463	049-01-01-01-0	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			0		
200	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)	- 148 A. (1)		0		
b	Other income (loss)	8b			854	Lars des -	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		51 e	1		854
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	l,	750 ,	578		
e	Certain deemed and/or corrective distributions (see instructions)	8e		13,	686	lai Di ann	
f	Administrative service providers (salaries, fees, commissions)	8f	successful (1496)/2000		12.317		
g	Other expenses	8g		Contraction of the second	053		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	4-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				1,770,317
i	Net income (loss) (subtract line 8h from line 8c)	8i	·····································	an an Al	150 (194 154: 144		-1,769,463
j	Transfers to (from) the plan (see instructions)	8j			35. U.M.		
Ь	If the plan provides welfare benefits, enter the applicable welfare fe	eature co	des from the List of Plar	1 Chara	acterist	ic Cod	les in the instructions:
Par		-			Yes	No	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions with	in the time period		•		Allowin
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary	-iduciary Correction	10a		x	
b	فليتستحدث والأراب المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والم	? (Do not	include transactions	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Х		177,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	10d		х	
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		3,808
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e require	d notice or one of the	10i			

Form 5500-SF 2017

Part	VI Pension Funding Compliance				54 - 149
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)			۲ 🗌	'es 🗌 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?	302 of		י <u>ה</u>	res 🛛 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	l enter t Day		f the lette Year	er ruling
If y	ou 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			
C	Inter the amount contributed by the employer to the plan for this plan year	12c			To the second second second
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 No	N/A
art \	II Plan Terminations and Transfers of Assets				
I3a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes		No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?)		X Yes	No 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.)	s) to	2		
1:	ic(1) Name of plan(s): 13c(2) EIN(s)	130	:(3) PN(s)
29					
		-			