Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information													
For calend	ar plan year 2017 or fi	scal plan year beginning 01/01/2	2017		and ending 1	2/31/2017							
A This ret	turn/report is for:	a single-employer plan			n (not multiemployer) of the ployer information in accordance in the ployer information in accordance in the ployer in the ployer information in accordance in the ployer information in accordance in the ployer information in t								
		a one-participant plan	a one-participant plan a foreign plan										
B This retu	urn/report is	the first return/report	Ħ	e final return/report									
0		an amended return/report	∐as	short plan year return	n/report (less than 12 m								
C Check	box if filing under:	Form 5558 special extension (enter descr		itomatic extension		DFVC progra	m						
Part II	Pacia Blan Info	prmation—enter all requested inf											
		ormation—enter all requested int	tormatic	on		1b Thron digi	:.						
1a Name	or pian 5. 401(K) PROFIT SHA	ARING PLAN				1b Three-digi							
CAFES, INC	5. 401(K) FROFIT SHE	ARING FLAN				(PN) ▶	001						
			1c Effective of	date of plan 04/01/1997									
	ponsor's name (emplo g address (include roo		2b Employer (EIN)	Identification Number 91-1515150									
City or CAFES INC.	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						telephone number						
						425-420-1081 2d Business code (see instructions)							
	2010 17TH AVENUE SE, SUITE A					722511							
BOTHELL, WA 98021													
3a Plan a	3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN							
						3c Administra	ator's telephone number						
						7.0							
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b EIN							
	or's name	nisor s name, Lin, the plan hame a	and the	pian number nom un	e last return/report.	4d PN							
C Plan N	lame												
5a Total	number of participants	at the beginning of the plan year				. 5a	117						
b Total	number of participants	at the end of the plan year				. 5b	101						
C Numb	er of participants with	account balances as of the end of	the plar	n year (only defined	contribution plans	5c	65						
	•	rticipants at the beginning of the pl				5d(1) 110							
d(2) Tot	d(2) Total number of active participants at the end of the plan year					5d(2)	83						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						7							
Caution: A	penalty for the late	or incomplete filing of this return	n/repor	t will be assessed i	unless reasonable ca								
SB or Sche		her penalties set forth in the instruction and signed by an enrolled actuary, a plete.											
SIGN		/valid electronic signature.		06/27/2018	RYAN MITCHELL		_						
HERE	Signature of plan a	ndministrator		Date	Enter name of individ	dual signing as pla	an administrator						
SIGN	Filed with authorized	/valid electronic signature		06/27/2018	RYAN MITCHELL								

Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 									
·	If "Yes" is checked, enter the My PAA confirmation number from the							Not determined . (See instructions.)		
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	. 7a	103	37946				1303764		
b	Total plan liabilities	. 7b		0		0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	103	37946				1303764		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Total		
a	Contributions received or receivable from: (1) Employers	. 8a(1)	-	78193						
	(2) Participants	8a(2)	11	10497						
	(3) Others (including rollovers)	. 8a(3)		0						
<u>b</u>	Other income (loss)	. 8b	19	98878						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						387568		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1:	19930						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g		1820						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				121750				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			70000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	• 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.)					X				
f	Has the plan failed to provide any benefit when due under the pla	10f		X						
g				10g	Χ			23090		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form 5500-SF 2017	Page 3- 1		
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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 Schedule SB (Form 5500) and line 11a below)									
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
а	a 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 letter ruling granting the waiver								
lf y	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							
С	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?		Ye	s X N	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No						
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to							
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2017

This Form is Open to Public Inspection

F	Part I	Annual Report	Id	entification Information									
-		ar plan year 2017 or fi				01/01/2017		and ending		12/31/2017	Topical Control of the Control of th		
A	This ret	urn/report is for:	x	a single-employer plan a one-participant plan	_ a	multiple-employer p		an (not multiemploye mployer information i	r) (Filer:	s checking this	s box must attach		
В	This ret	urn/report is:	the first return/report the final return/report										
				an amended return/report	Пa	short plan year retu	urr	n/report (less than 12	months	s)			
_										_			
C	Check t	oox if filing under:	L	Form 5558 special extension (enter descri	ш	automatic extension				DFVC pro	ogram		
P	art II	Basic Plan Info	orm	nation enter all requested in									
	Name	of plan	7111	ation enter all requested in	HIOH	lation			1b	Three-digit			
			Pr	ofit Sharing Plan						plan number			
									10	(PN) ► Effective dat	001		
									'	04/01/19	•		
2a	Mailin	g Address (include ro	om,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign posta). Box	()		u (otiona)	2b	Employer Id (EIN) 91-	entification Number 1515150		
		s Inc.	ce,	Journay, and ZIP or loreign posts	ai coc	ie (ii ioreign, see ins	str	uctions)	2c	Sponsor's te	elephone number		
									(425) 420-1081				
	22010 17th Avenue SE, Suite A							2d Business code (see instructions) 722511					
		thell WA 98021											
3a	Plan a	dministrator's name a	ind a	address X Same as Plan Spo	nsor				3b	Administrato	or's EIN		
									30	Administrato	or's telephone number		
4	If the r	name and/or EIN of th an, enter the plan spo	e pl	an sponsor or the plan name ha r's name, EIN, the plan name ar	s cha	inged since the last i	re the	eturn/report filed for e last return/report.	4b	EIN			
	•	or's name							4d	PN			
С	Plan N	lame											
5a	Total r	number of participants	at t	he beginning of the plan year		•••••			. 5	а	117		
b				he end of the plan year						b	101		
С	comple	ete this item)	•••••	ount balances as of the end of the			d c	contribution plans	. 5	С	65		
d((1) Tota	I number of active pa	rticip	pants at the beginning of the plan	n yea	r	••••		. 5d	(1)	110		
d(pants at the end of the plan year					. 5d	(2)	83		
е				ninated employment during the p					. 5	ie .	7		
Ca	ution:	A penalty for the late	or i	incomplete filing of this return	n/repo	ort will be assessed	d	unless reasonable	cause i	s established			
SE	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.												
	Terzana I	1,00	1	1		6/27/2018	Т	Puga lais	+1.1	211			
H25 .	IGN	ignature, of plan adj	nini	strator				Entername of individe	Not ele	oing co plan	desinintent		
		ignature, or plan adj		PITALUI		Date /		Enter name of individ	uai sigi	ning as plan a	aministrator		
6533	IGN	innet of a fine				6/27/7018	1	Japan M	TC	ren			
	IERE S	ignature of employe	r/pl	an sponsor		Date /		Enter name of individ	ual sigr	ning as emplo	yer or plan sponsor		

Form 5500-SF 2017 Page **2**

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 at		•					•••••	x Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	21)?	[Yes	☐ No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	remium filing for this year					(See instruction	ons.)
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End c	f Year	
а	Total plan assets	7a	1,03	37,9	46				1,303,76	54
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,03	37,9	46				1,303,76	54
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	otal	
а	Contributions received or receivable from:	2 (1)	7	70 1	0.2					
	(1) Employers	8a(1)		8,1						
	(2) Participants	8a(2)	11	0,4						
_	(3) Others (including rollovers)	8a(3)	1.0		0					
<u>b</u>	Other income (loss)	8b	19	8,8	78					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-			387,56	58
u	to provide benefits)	8d	11	9,9	30					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses		1,8	20						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h							121,75	50
ī	Net income (loss) (subtract line 8h from line 8c)	8i							265,81	L8
i	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harac	terist	ic Cod	es in th	e instructi	ons:	
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	instructio	ns:	
	in the plant provided womane benefite, enter the applicable womane rec			araon	3110110	oodo	0 111 1110	ou doud		
Pa	rrt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)			10b		x				
				10c	х				70	,000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused							
	by fraud or dishonesty?			10d		х				
е	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.)			10e		х				
f				10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	х				23	,090
			,							
	2520.101-3.)	•		10h		х				
i	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i						

Form 5500-SF 2017	Dog 2 -
FUIII 3300-3F 2017	Page 3 -

Part	VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)				☐ Yes	X No		
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a								
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	· · · · · · · · · · · · · · · · · · ·								
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.						
b	Enter t	he minimum required contribution for this plan year.	•••••	12b					
С	Enter t	he amount contributed by the employer to the plan for the plan year	•••••	12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d					
е	Will the	e 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?	••••••		Yes	X No)		
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?	ought under the	e		Yes X	No		
С	C 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.)								
1:	13c(1) Name of plan(s): 13c(2) El					13c(3)	PN(s)		