## 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

2018

This Form is Open to Public Inspection

Part I │ Annual Report Identification Information										
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This ret	turn/report is for:	x a single-employer plan		olan (not multiemployer) ( employer information in ac	-					
_		a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	t a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım				
		special extension (enter descr	. ,							
Part II	Basic Plan Info	ormation—enter all requested inf	formation							
1a Name CAFES, INC	of plan C. 401(K) PROFIT SHA	ARING PLAN			<b>1b</b> Three-dig plan numb (PN) ▶					
					1c Effective of	date of plan 04/01/1997				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
	g address (include roo · town, state or provinc	etructions)	(EIN)	91-1515150						
CAFES INC.		and dollors)		s telephone number 25-420-1081						
			2d Business	code (see instructions)						
22010 17TH AVENUE SE, SUITE A						722511				
BOTHELL, V	VA 98021									
3a Plan a	dministrator's name a		<b>3b</b> Administra	ator's FIN						
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.						ator o Env				
		<b>3c</b> Administrator's telephone number								
		e plan sponsor or the plan name ha			<b>4b</b> EIN					
	lan, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan N					4u PN					
5a Total number of participants at the beginning of the plan year						119				
		s at the end of the plan year			5b	128				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						71				
d(1) Total number of active participants at the beginning of the plan year					. 5d(1) 103					
d(2) Total number of active participants at the end of the plan year				. <b>5d(2)</b> 104						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
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, 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.										
SIGN	Filed with authorized	I/valid electronic signature.	07/19/2019	RYAN MITCHELL						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN	Filed with authorized	I/valid electronic signature.	07/19/2019	RYAN MITCHELL						
HERE	Signature of employer/plan sponsor Date Enter name of individu					lual signing as employer or plan sponsor				

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No	
b	<b>b</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.)									
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐									rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)	
Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Eı	nd of Year		
a	Total plan assets	7a	, , , , ,	03764	1		(2) _	1367878		
	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	130	03764				1367878		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		82338						
	(2) Participants	8a(2)	12	24645						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	-\	93809						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						113174		
	to provide benefits)	8d	4	47875						
е	Certain deemed and/or corrective distributions (see instructions) 8e									
f	Administrative service providers (salaries, fees, commissions)	0								
g	Other expenses	1185								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					49060				
<u>i</u>	i Net income (loss) (subtract line 8h from line 8c)							64114		
j	j Transfers to (from) the plan (see instructions)									
Pai	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	des in the in	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10a		X				
b	Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions					^				
	reported on line 10a.)					X				
С	C Was the plan covered by a fidelity bond?				X			1250	00	
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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	f Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			122	02	
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						

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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 (Form 5500) and line 11a below)			Yes 🛚 No						
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12 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.)									
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	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								
С	Enter the amount contributed by the employer to the plan for this plan year	12c								
d										
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 🔀 No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to								
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)						

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

## 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 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

2018

This Form is Open to Public Inspection

A This return/report is for:    A This return/report is for:   A This return/report is for:   A This return/report is for:   A This return/report is for:   A This return/report is for:   A This return/report is:   A a single-employer plan   a foreign plan   the first return/report   a foreign plan   the first return/report   a short plan year return/report (less than 12 months)   C Check box if filing under:
Special extension (enter description)    Part II   Basic Plan Information enter all requested information   1a Name of plan   Cafes   Inc. 401 (k)   Profit   Sharing Plan
1 b Three-digit plan number (PN) ► 001  1 c Effective date of plan 04/01/1997  2 a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., sulte no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Cafes Inc.  22 010 17th Avenue SE, Suite A  US Bothell WA 98021  3 Plan administrator's name and address X Same as Plan Sponsor  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name C Plan Name  4 Total number of participants at the beginning of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the beginning of the plan year (only defined contribution plans complete this item)
Cafes, Inc. 401 (k) Profit Sharing Plan    Cafes, Inc. 401 (k) Profit Sharing Plan
Plan sponsor's name (employer, if for a single-employer plan) Mailling 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)  Cafes Inc.  2c Sponsor's telephone number (425) 420–1081  2d Business code (see instructions)  Total number of participants at the beginning of the plan year  Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  Total number of participants at the beginning of the plan year  Add (1) Total number of active participants at the beginning of the plan year  Add (1) Total number of active participants at the beginning of the plan year  Add (1) Total number of active participants at the beginning of the plan year  Add (1) Total number of active participants at the beginning of the plan year  Add (2) Total number of participants at the beginning of the plan year  Add (3) Total number of participants at the beginning of the plan year  Add (1) Total number of participants at the beginning of the plan year  Add (2) Total number of participants at the beginning of the plan year  Add (3) Total number of participants at the beginning of the plan year  Add (1) Total number of participants at the beginning of the plan year  Add (2) Total number of participants at the beginning of the plan year  Add (3) Total number of participants at the beginning of the plan year  Add (3) Total number of participants at the beginning of the plan year  Add (4) Total number of participants at the beginning of the plan year  Add (5) Total number of participants at the beginning of the plan year  Add (6) Total number of participants at the beginning of the plan year  Add (6) Total number of participants at the beginning of the plan year  Add (7) Total number of participants at the beginning of the plan year
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)  Cafes Inc.  22010 17th Avenue SE, Suite A  US Bothell WA 98021  3a Plan administrator's name and address Same as Plan Sponsor  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  Sponsor's name C Plan Name  5a Total number of participants at the beginning of the plan year  Number of participants at the end of the plan year  Number of participants at the beginning of the plan year  Number of participants at the beginning of the plan year  Add(1) Total number of active participants at the beginning of the plan year  Add(1) Total number of active participants at the beginning of the plan year  Sponsor's name and the plan year (only defined contribution plans complete this item)
Cafes Inc.  2c Sponsor's telephone number (425) 420–1081  2d Business code (see instructions) 722511  3d Plan administrator's name and address X Same as Plan Sponsor  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  3 Sponsor's name  4 Plan Name  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  5 Sponsor's name  6 Plan Name  5 Ing  1 19  5 Ing  1 2 C Sponsor's telephone number (425) 420–1081  4 Delin EIN  4 Delin EIN  5 Ing  6 Ing  6 Ing  6 Ing  7 Ing  7 Ing  7 Ing  6 Ing  7 Ing
Total number of participants at the beginning of the plan year  Number of participants with account balances as of the end of the plan year  Number of participants with account balances as of the end of the plan year  Complete this item)  Total number of active participants at the beginning of the plan year  Number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year  Total number of active participants at the beginning of the plan year
Plan administrator's name and address
3c Administrator's telephone number  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a 119  Total number of participants at the beginning of the plan year  Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  5c 71  d(1) Total number of active participants at the beginning of the plan year  5d(1) 103
Total number of participants at the beginning of the plan year
Total number of participants at the end of the plan year
Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(2) Total number of active participants at the end of the plan year 5d(2)
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
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, 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.
SIGN 7/19/19 Kyan L. Xitchell
HERE Signature of plan administrator  Date / Entername of individual signing as plan administrator  SIGN
HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								XYes	□No	
b	The state of the s										
	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.									□No	
С								<b>—</b>			
•	If the plan is a defined benefit plan, is it covered under the PBGC ins										
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pro	emium filing for this year					·	(See instru	ctions.)	
P	irt III Financial Information								·*·-		
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year		
a	Total plan assets	7a	1,30	3,7	64				1,367,	878	
b	Total plan liabilities	7b			0					0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,30	3,7	64				1,367,878		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T			
а	Contributions received or receivable from: (1) Employers	8a(1)		32,3	30			100			
	(2) Participants	8a(2)		24,6						1795	
	(3) Others (including rollovers)	8a(3)		-4,0	0	200					
b	Other income (loss)	8b	(93	3,80							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			744	A STATE	STATE OF THE PARTY			113,174		
d	Benefits paid (including direct rollovers and insurance premiums			SJS 7.53	en en estado				113,	1/4	
_	to provide benefits)8d										
e	de la constant de la										
<u>f</u>	Administrative service providers (salaries, fees, commissions)	1,1	0	14.2							
<u>g</u>											
										060	
+	Net income (loss) (subtract line 8h from line 8c)						son bend	ye a sanga kalanga	64,	114	
	Transfers to (from) the plan (see instructions)										
$\overline{}$	Part IV Plan Characteristics										
Ja	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
	2E 2F 2G 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (	Code	s in the	instruction	ns:		
	W 0							·			
10	rt V Compliance Questions			<del></del> -			100000				
a	During the plan year:				Yes	No	N/A		Amount		
u	Was there a failure to transmit to the plan any participant contributi										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction  Program)										
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions					Х					
	reported on line 10a.)					х	-00				
	C Was the plan covered by a fidelity bond?				Х				1	25,000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x					
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance								<del></del>		
	carrier, insurance service, or other organization that provides some or all of the benefits under										
	the plan? (See instructions.)						1				
	f Has the plan failed to provide any benefit when due under the plan?										
<u>g</u>	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									12,202	
h	the second point plant was along a blackout polica; (	See instru	ctions and 29 CFR					4.6	100		
	2520.101-3.)		***	<b>10</b> h		X	湯湯		(12 s 3 s 3 s 3 s 3 s 3 s 3 s 3 s 3 s 3 s		
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required -3	notice or one of the	10i					419.5		
				101		1	性類的特別	1260 Sept. 10	5-44.直接原则	30000000000000000000000000000000000000	

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	Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)	l complete Sci	nedule s	SB	☐ Yes	X No
<u>11a</u>	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 ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or section	on 302 c	of	☐ Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver	/lonth	d enter		of the letter Year	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			
С	Enter the amount contributed by the employer to the plan for the 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 negative amount)	e left of a	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?	******************		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?			Y	es X	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idenwhich assets or liabilities were transferred. (See instructions.)	tify the plan(s	) to		-	
13	c(1) Name of plan(s):	13c(2) EI	N(s)		13c(3) F	PN(s)