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**

For calendar plan year 2018 of fiscal plan year teaginning. 010/2018 A This return/report is a single-employer plan is of participating employer plan foot multiemployer) (Filers checking this box must attach a its of participating employer information in accordance with the form instructions.) a foreign plan is of participating employer information in accordance with the form instructions.) B This return/report the first return/report the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program pagedate extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan CAKE CRAFT LLC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number (PN) 001 1c Effective date of plan without (EIN) 1c Effective date of plan number (PN) 001 1c Effective date of plan number (PN) 001 2a Plan approach is name (employer. If for a single-employer plan) 001 2a Plan approach is name (employer. If or a single-employer plan) 001 2a Plan approach is name (employer. If or a single-employer plan) 001 2a Plan approach is name (employer. If or a single-employer plan) 001 2b Employer Identification Number (PN) 001 2c Synthesis (finchis conne) and, suite for and street, or PO. Box) 001 2c Plan sportage include conne, and, suite for and street, or PO. Box) 001 2c Plan sportage include conne, and, suite for and street or PO. Box) 001 2c Plan Synthesis (finchis conne, and, suite for and street or PO. Box) 001 2d Business scole (see instructions) 010 2d Business scole (see instructions) 010 3d Administrator's telephone number (PN) 001 4d PN 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report fled for this plan, enter the plan approach's name, EIN, the plan name and the plan number from the last return/report 040 4d PN 5a Total number of participants at the beginning of the plan ye		eport identification information								
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HERE	HERE Signature o	f plan administrator	Date	Enter name of individua	Enter name of individual signing as plan administr					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
	HERE Signature o	f employer/plan sponsor	Date	Enter name of individua	ndividual signing as employer or pla					

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	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.)					-	Yes No		
	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 ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes		Not determined e instructions.)
Pa	rt III Financial Information	1	T						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b)	End of Ye	ear
a	Total plan assets	7a	;	22532			25878		
<u>b</u>	Total plan liabilities	7b		0			0		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		22532		25878			25878
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		1952					
	(2) Participants	8a(2)		3346					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		-1706					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3592
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		246					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				246		246	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3346
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2G 2K 2S 2T 2J 2F	feature co	odes from the List of Pl	an Cha	racteri	istic Co	odes in the	instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the	instructior	ns:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	unt
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	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X			
С	C Was the plan covered by a fidelity bond?			10c		X			
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?			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.)			10e		Х			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 Sc (Form 5500) and line 11a below)	В	Yes 🛚 N	Ю		
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?		f	Yes 🛛 N	Ю	
	(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 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	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				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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 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.)	s) to				
13c(1) Name of plan(s): 13c(13c(3) PN(s)		