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Public Inspection         • Complete all entries in accordance with the instructions to the Form 5506-SF.         Public Inspection           Part I         Annual Report Identification Information         and ending         0022/2019           For calender pays and 2016 on tisses pays vare beginning of Lon 2010         and ending         0022/2019           A This return/report is         a single-employer plan         a longle-amployer information         accordance with the form instructors.)           B This return/report is         a one-participant gain         a longle-amployer plan         D DFVC program           B This return/report is         from 5558         automatic extension         D DFVC program           Special actension (enter description)         gain and endration         10 Three-digit plan number formation         0 on 11 C Electrove date of plan           A Name of plan         12 Electrove date of plan         0 of 12 C Electrove date of plan         0 of 12 C Electrove date of plan           C Or lock Dox if filing under:         from and plan number         0 of 12 C Electrove date of plan         0 Of 12 C Electrove date of plan           C Stroke S CAFE INC CO1 K PROFIT SHARING PLAN TRUST         12 D Employer learnification Number (ENT) MAMA LOSE CAFE INC         12 D Employer learnification Number (ENT) MAMA LOSE CAFE INC         20 D Stroke share           20 P of long C PD         Stroke S A 4 4 4 0 S         22 D Employer learnificat	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th												
For calking plan year 2018 or fiscal plan year beginning       01012019       and ending       0022019         A This return/report is for:       a single-employer plan       a multiple-employer plan from multimentyleev) (Files checking this box must atch a ist of participating employer information in accordance with the form instructions.)         B This return/report is       the first return/report       g a single-employer plan       D FVC program         C Check box if filing under       fem final return/report       g a short plan year return/report       D FVC program         Part II       Basic Plan Information—enter all requested information       Ib Three-digit plan unother       001         12       Plan sponsor's name (employer; if for a single-employer plan) Meding address (include incom, apt, suite no. and steel, or P.O. Box) MALORS CAPE INC 401 K PROFIT SHARING PLAN TRUST       Ib Three-digit plan unother (ENV )       001         24       Plan sponsor's name (employer; if for a single-employer plan) Meding address (include incom, apt, suite no. and steel, or P.O. Box) MALORS CAPE INC 401 K PROFIT SHARING PLAN TRUST       Ib Three-digit Plan Unother (ENV )       26 Sponsor's tot slophone number (SSS-545-485)         23       Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number (SSS 44-24313)         24       Busines code (see instructions) return/report lifeld for this plan sponsor's name, EN, the plan name has changed since the last return/report lifeld for the plan sponsor's name, EN, the plan name and the	Ponsion Report Corporation						500-SF.	Public Inspection					
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this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a 31         5a Total number of participants at the beginning of the plan year	4 If the n	ame and/or FIN of the	plan sponsor or the plan name ha	as chanc	ed since the last re	turn/report filed for							
C       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       31         b       Total number of participants at the end of the plan year       5b       0         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       0         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       31         d(2)       Total number of active participants at the end of the plan year       5d(2)       0         d(2)       Total 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/valid electronic signature.       10/07/2019       MICHAEL POMPA         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.												
5a       Total number of participants at the beginning of the plan year       5a       31         b       Total number of participants at the end of the plan year       5b       0         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       0         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       31         d(2)       Total number of active participants at the end of the plan year       5d(2)       0         e       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 periury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign       Filed with authorized/valid electronic signature.       10/07/2019       MICHAEL POMPA         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Sign       Intername of individual signing as employer or plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	•				<b>40</b> PN								
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complete this item)       3c       0         d(1) Total number of active participants at the beginning of the plan year       5d(1)       31         d(2) Total number of active participants at the end of the plan year       5d(2)       0         e       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/valid electronic signature.       10/07/2019       MICHAEL POMPA         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>b</b> Total number of participants at the end of the plan year					5b	0						
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SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor		Signature of plan ad	dministrator		Date	Enter name of individ							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	<b>-</b>											
	HERE	Signature of employ	yer/plan sponsor		Date	Enter name of individ	ame of individual signing as employer or plan spor						

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

Form 5500-SF (2018) v.171027

6a b							
C 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.)							
Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets		45234	0			
b	<b>b</b> Total plan liabilities		0	0			
С	<b>C</b> Net plan assets (subtract line 7b from line 7a)		45234	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	0				

## (2) Participants..... 8a(2) 816 0 (3) Others (including rollovers)..... 8a(3) 4085 **b** Other income (loss) ..... 8b 4901 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c d Benefits paid (including direct rollovers and insurance premiums 49221 to provide benefits)..... 8d 0 e Certain deemed and/or corrective distributions (see instructions). 8e 914 f Administrative service providers (salaries, fees, commissions) .... 8f 0 g Other expenses ..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 50135 -45234 i Net income (loss) (subtract line 8h from line 8c) ..... 8i i Transfers to (from) the plan (see instructions)..... 0 8j **Plan Characteristics** Part IV 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2E 2G 3D 2T 2.1 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V **Compliance Questions** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10h C Was the plan covered by a fidelity bond? ..... Х 10c **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty?..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under Х the plan? (See instructions.)..... 10e f Has the plan failed to provide any benefit when due under the plan? ..... Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h 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

Page **3-** 1

Part	VI	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)						Yes			K No	
11a	Ent	er 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?							Y	es	K No	
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
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 o granting the waiver							letter ear	rulin	g	
lf	you o	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	<b>d</b> 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)										
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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	)		
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				e				Yes 🗌 No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to							
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(	s)	