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 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

2010

This Form is Open to Public Inspection

		t Identification Information						
For	calendar plan year 2010 or	fiscal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010		
Α	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
R	This return/report is for:	first return/report	final retur	n/report		ш		
	This retain, report is for.	an amended return/report	=	year return/report (less than 12 mor	nths)			
_	O		╡	, ,	11110)	П реус		
C	Check box if filing under:	Form 5558		extension		DFVC program		
		special extension (enter descript						
P	art II Basic Plan Inf	ormation—enter all requested inform	mation					
	Name of plan				1b	Three-digit		
CUC	INA CUCINA EMPLOYEES	401(K) RETIREMENT PLAN				plan number (PN) ▶ 001		
					10	Effective date of plan		
					10	02/01/2004		
2a	Plan sponsor's name and a	ddress (employer, if for single-employer	er plan)		2b	Employer Identification Number		
	INA CUCINA ACQUISITION		, ,			(EIN) 42-1614028		
					2c	Plan sponsor's telephone number		
	BELLEVUE WAY NE E 118				0.1	425-638-1177		
BEL	LEVUE, WA 98004				2 a	Business code (see instructions) 722110		
3a	Plan administrator's name a	and address (if same as Plan sponsor,	enter "Same	2")	3h	Administrator's EIN		
CUC	INA CUCINA ACQUISITION	I LLC 800 BELLE	VUE WAY	ié		42-1614028		
		SUITE 118 BELLEVUE	, WA 98004		3с	Administrator's telephone number		
						425-638-1177		
4		e plan sponsor has changed since the I mber from the last return/report. Spons		port filed for this plan, enter the	4b	EIN		
	name, Em, and the plan hui	niber from the last return/report. Spons	ou s name		4c	PN		
5a	Total number of participant	s at the beginning of the plan year			5a	31		
b		s at the end of the plan year			5b	20		
C		s with account balances as of the end			JD			
Ŭ				` .	5c	20		
6a	Were all of the plan's asse	ets during the plan year invested in eligi	ble assets?	(See instructions.)		Yes No		
b		of the annual examination and report o						
		6? (See instructions on waiver eligibility		· ·		Yes No		
D		either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.			
	art III Financial Info	rmation						
7	Plan Assets and Liabilities			(a) Beginning of Year	,	(b) End of Year		
a	·			126027		100359		
b	·			40000		100050		
<u> </u>	Net plan assets (subtract li	ne 7b from line 7a)	7с	126027		100359		
8	Income, Expenses, and Tra			(a) Amount		(b) Total		
а	Contributions received or re		90(4)					
	., . ,		` '		_			
	, ,							
	, ,	vers)		0724				
b	` '			9731		0724		
C	· ·	(1), 8a(2), 8a(3), and 8b)	<u>8c</u>			9731		
d	1 (ect rollovers and insurance premiums	8d	35399	99			
е	. ,	rective distributions (see instructions).						
f		riders (salaries, fees, commissions)						
-	•	,						
g	·	04 05 054 0)				35399		
n :	• • • • • • • • • • • • • • • • • • • •	8d, 8e, 8f, and 8g)				-25668		
ı	inet income (loss) (subtract	line 8h from line 8c)				23000		
	Tanadana ta Maran Villa I	n (see instructions)	8i					

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Part IV	Plan	Charac	teristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

	II UIC	e plan provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flan Ghara	iciciis	110 000	203 111	uie iiisuu	ictions	·.	
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					100000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
h					X				
i	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								
art	VI	Pension Funding Compliance							
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	[Yes	X No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	3c(1) Name of plan(s):		13	c(2) El	IN(s)		13c(3) PN(s)
							+		
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	lished.			
Jnde SB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ needule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/re _l	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	10/05/2011	BETH BOLYARD			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	10/05/2011	BETH BOLYARD			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

Form 5500-SF

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 x single-employer plan A This return/report is for: multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) x Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information. 1a Name of plan 1b Three-digit plan number Cucina Cucina Employees' 401(k) Retirement Plan (PN) ▶ 001 1c Effective date of plan 02/01/2004 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number Cucina Cucina Acquisition LLC (EIN) 42-1614028 2c Plan sponsor's telephone number 800 Bellevue Way NE (**425**) 638-1177 Suite 118 2d Business code (see instructions) US Bellevue WA 98004 722110 3a Plan administrator's name and address (If same as plan employer, enter "Same") 3b Administrator's EIN Same 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN and the plan number from the last return/report. Sponsor's Name 4c PN Total number of participants at the beginning of the plan year 5a 31 b <u>5b</u> 20 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 20 6a 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.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. **Financial Information** Plan Assets and Liabilities (a) Beginning of Year (b) End of Year а Total plan assets 7a 126,027 100,359 b Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 126,027 100,359 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(1) (2) Participants . . 8a(2) (3) Others (including rollovers). . 8a(3) Other income (loss) . . . 86 9.731 Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 9,731 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 35,399 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) . 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) . 8h 35,399 Net income (loss) (subtract line 8h from line 8c). (25,668)8i Transfers to (from) the plan (see instructions) 81

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Part									
9a 1	the plan provides pension benefits, enter the applicable pension fea	iture codes f	rom the L	ist of Plan Chara	cteristic	Codes	s in the	instructions	:
b ii	the plan provides welfare benefits, enter the applicable welfare feat	ure codes fro	om the Lis	t of Plan Charac	teristic C	odes	in the i	nstructions:	
Parl	V Compliance Questions								
10	During the plan year:					Yes	No	Δ.	l mount
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest?)	ary Correction	n Program	n)	. 10a		x		
	on line 10a.)				. 10ь		х		
С	Was the plan covered by a fidelity bond?				10c	х			100,0
d	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?	delity bond, t	hat was c	aused by fraud	· 10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all or instructions.)	f the benefits	under th	e plan? (See	10e		x		
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 as				1.77	<u> </u>	x		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructio	ns and 29	CFR			x		
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required not	ice or one	of the					
	VI Pension Funding Compliance					<u> </u>			
11	ls this a defined benefit plan subject to minimum funding requirement (5500))	nts? (If "Yes,	" see inst	ructions and com	plete So	hedul	e SB (Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical		of section	412 of the Code	or section	on 302	of EF	IISA?	Yes X No
	If a waiver of the minimum funding standard for a prior year is being granting the waiver				ctions, a	nd ent	er the Day	date of the le	etter ruling Year
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	-	•	•		Г	105		
	Enter the minimum required contribution for this plan year					• -	12b		
d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					•	12c 12d		
е	Will the minimum funding amount reported on line 12d be met by the	e fundina de	adline?			· L.		□Yes	□No □N/A
Part		<u> </u>				· · · · · · · · · · · · · · · · · · ·	•		
13a	Has a resolution to terminate the plan been adopted during the plan	vear or anv	prior vear	?					X Yes No
	If "Yes," enter the amount of any plan assets that reverted to the em						13a		
b	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?		another	olan, or brought u	under the	e conti	rol		☐Yes X No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to	another p	lan(s), identify th	e plan(s) to			
1;	c(1) Name of plan(s):					13	c(2) E	IN(s)	13c(3) PN(s)
				· · · · · · · · · · · · · · · · · · ·					
Cautio	2: A nanatty for the late or incomplete filter of this activity								
	n: A penalty for the late or incomplete filing of this return/report								
SB or S	penalties of perjury and other penalties set forth in the instructions, I on the check the check and signed by an enrolled actuary, as well as its is true, correct, and complete.	s the electro	nave exa nic versio	mined this return n of this return/re	n/report, port, and	includ d to the	ling, if a	applicable, a of my knowle	Schedule edge and
SIGN	Bett 4 Boland			Beth Bolya:	rđ				
HER		Date 9	29/11	Enter name of i		l signi	ng as i	olan adminis	trator
THE RESERVE THE PARTY NAMED IN									

Beth Bolyard

Date 9/29/ II Enter name of individual signing as employer or plan sponsor

SIGN HERE Signature of employer/plan sponsor