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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.			
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011		
A	This return/report is for: $\overline{igwedge}$ a single-employer plan $igwedge$	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the final re	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)			
С	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)		_	_		
Pa	art II Basic Plan Information—enter all requested information	ation					_
	Name of plan			1b -	Three-digit		_
	NA CUCINA EMPLOYEES 401(K) RETIREMENT PLAN			1	plan number		
					(PN) ▶	001	
				1c	Effective date of 02/01/	•	
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b [Employer Identif		_
CUC	INA CUCINA ACQUISITION LLC				(EIN) 42-16		
				2c 3	Sponsor's telepl		
	BELLEVUE WAY NE, SUITE 118			0.1	425-638		_
	E 118 EVUE, WA 98004			2a 1	3) Business code 72211	see instructions)	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h /	Administrator's E		_
	NA CUCINA ACQUISITION LLC 800 BELLEVL SUITE 118	JE WAY N	E, SUITE 118		42-16	14028	
	BELLEVUE, V	VA 98004		3c /	Administrator's to 425-638	elephone numbe 3-1177	٢
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
•	name, EIN, and the plan number from the last return/report.			40	DNI		
	Sponsor's name Total number of participants at the beginning of the plan year			-	PN T		2
				- Ou			2
b	Total number of participants at the end of the plan year			5b			1
С	Number of participants with account balances as of the end of the p complete this item)			. 5c			1
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes N	lo
b	Are you claiming a waiver of the annual examination and report of a					Vaa □ N	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes N	lo
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.			_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor	_
a	Total plan assets	7a	100359		(b) Liid	97104	-
b	Total plan liabilities	7b					_
C	Net plan assets (subtract line 7b from line 7a)	7c	100359			97104	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,				
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-1717				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-1717	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1538				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1538	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-3255	
j	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	201

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	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:

 2F 2G 2J 2K
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions		ı	1	1			
	During the plan year:		Yes	No		An	nount	
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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					10000
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		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	5500))					F	Yes	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc					_	<u> </u>	ulina
	granting the waiverMon	th						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year			12c				
	Enter the amount contributed by the employer to the plan for this plan year		-					
u	negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A
ırt	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol			Yes	X N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3) PN(s)

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.	10/03/2012	BETH BOLYARD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/03/2012	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

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).

2011

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OMB Nos. 1210-0110

1210-0089

rension ben	► Complete all entries in accorda	ince with t	ne instructions to the Form 55	00-3r.	
Part I	Annual Report Identification Information				
or the calen	dar plan year 2011 or fiscal plan year beginning	01/01/	2011 and ending	12,	/31/2011
This retur	m/report is for: x a single-employer plan a	ı multipl e-e i	mployer plan (not multiemployer)		a one-participant plan
3 This retur	rn/report is: the first return/report the first return/report	he final retu	ırn/report		
	an amended return/report	short plan	year return/report (less than 12 m	onths)	
• ~	ox if filing under: x Form 5558	automatic e	xtension	Γ	DFVC program
, Check bo	ox if filing under: X Form 5558			·	
Part II	Basic Plan Information enter all requested inform	nation.		1h T	hree-digit
a Name c	of plan				nree-digit lan number
Cucin	a Cucina Employees' 401(k) Retirement Plan	į.		(PN) ▶ 001
					Effective date of plan
					2/01/2004
≥a Plan sp	consor's name and address; include room or suite number (emp	loyer, if for	single-employer plan)	į.	Employer Identification Number
Cucin	a Cucina Acquisition LLC			 	EIN) 42-1614028
					Plan sponsor's telephone number (425) 638-1177
800 B	Bellevue Way NE, Suite 118				Business code (see instructions)
Suite				1	722110
US Belle		r "Sama")		3 b /	Administrator's EIN
38 Plan ad Same	dministrator's name and address (If same as plan sponsor, ente	i Jaine /			
				30	Administrator's telephone number
				30 /	Administrator's telephone ridiniber
4 if the n	ame and/or EIN of the plan sponsor has changed since the last	return/repo	ort filed for this plan, enter the	4b	EIN
name. a Sponso	EIN, and the plan number from the last return/report.			4c i	PN
	number of participants at the beginning of the plan year			. 5a	20
	number of participants at the end of the plan year			. <u>5b</u>	19
C Numbe	er of participants with account balances as of the end of the plan	ı year (defir	ned benefit plans do not		10
comple	ete this item)			. 5c	X Yes No
6a Were a	all of the plan's assets during the plan year invested in eligible a	ssets? (See	e instructions.)		<u>K</u> ies <u>I</u> no
b Are you	u claiming a waiver of the annual examination and report of an i 29 CFR 2520,104-46? (See instructions on waiver eligibility and	conditions.) · · · · · · · · · · · · · · · · · · ·	• • •	XYes No
If you	answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must instead use Form 5500.		
Part III	Financial Information				
	ssets and Liabilities	1900	(a) Beginning of Year		(b) End of Year
	plan assets	7a	100,359		97,104
	plan liabilities	7b			
,	an assets (subtract line 7b from line 7a)	7c	100,359		97,104
	e. Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
	butions received or receivable from:				
(1) Er	mployers	8a(1)			
(2) Pa	articipants	8a(2)			그렇게 하는 뭐요 물속하는 것
(3) Ot	thers (including rollovers)	8a(3)			
	income (loss)	3b	(1,717)		
	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A		(1,717)
	its paid (including direct rollovers and insurance premiums vide benefits)	. 8d	1,538		
	n deemed and/or corrective distributions (see instructions)	8e		-	
	n deemed and/or corrective distributions (see instructions)				
		8 9		-	
-	expenses	8h			1,538
	expenses (add lines 8d, 8e, 8f, and 8g)				(3,255)
	come (loss) (subtract line 8h from line 8c)	1			
<u>J</u> Transf	ters to (from) the plan (see instructions)		tions for Form 5500-SF.		Form 5500-SF (2011)

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art l							
a ir	he plan provides pension benefits, enter the applicable pension featu	ire codes from the Lis	t of Plan Characteristi	c Code	s in the	instructions:	
b If	2F 2G 2J 2K he plan provides welfare benefits, enter the applicable welfare featur	e codes from the List	of Plan Characteristic	Codes	in the in	structions:	
Part	V Compliance Questions						
	During the plan year:		,	Yes	No	Arr	ount
а	Was there a failure to transmit to the plan any participant contribution	s within the time perio	od described in	a	x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (D	y Correction Program, Do not include transac	<i>,</i>		<u> </u>		
-	on line 10a.)		10	b	X		
	Was the plan covered by a fidelity bond?		* * * * * *	C X			100,000
	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		10)d	х		
e	Were any fees or commissions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.)	ersons by an insurant the benefits under the	plan? (See)e	х		
f	Has the plan failed to provide any benefit when due under the plan?		10)f	х		
g	Did the plan have any participant loans? (If "Yes," enter amount as o		1)g	х		
	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.))h	x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	oi			
Part	VI Pension Funding Compliance						
11	is this a defined benefit plan subject to minimum funding requirement			Sched	ule SB (I	Form	Yes X No
	Is this a defined contribution plan subject to the minimum funding received if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being granting the waiver	ole.) amortized in this plan	year, see instructions Month	, and e	nter the Day	date of the let	ter ruling
b	Enter the minimum required contribution for this plan year				12b		
С	Enter the amount contributed by the employer to the plan for this pla				12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a minu	is sign to the leπ or a		12d		
e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		· · ·		Yes _	No N/A
Part	VII Plan Terminations and Transfers of Assets					***************************************	ENV. CINA
13a	Has a resolution to terminate the plan been adopted in any plan year						x Yes No
	If "Yes," enter the amount of any plan assets that reverted to the em				13a		
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?				ntroi		Yes X No
	which assets or liabilities were transferred. (See instructions.)						1
1	3c(1) Name of plan(s):				13c(2) E	IN(s)	13c(3) PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report	will be assessed un	less reasonable caus	e is es	tablishe	ed.	
Under S B or	penaities of perjury and other penalties set forth in the instructions, I schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have ex	amined this return/rep	ort. incl	uding, if	applicable, a	Schedule edge and
SIG	1 Os. 300 CAV. (7	917617	Beth Bolyard				
HEF		Date	Enter name of indivi	dual sig	gning as	plan administ	trator
SIG	N BUD COL	19/26/13	Beth Bolyard				
HE		Date	Enter name of indivi	dual sig	gning as	employer or p	olan sponsor