Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number INNOVASIAN CUISINE ENTERPRISES RETIREMENT SAVINGS PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number INNOVASIAN CUISINE ENTERPRISES, LLC 91-1939500 (EIN) 2c Sponsor's telephone number 425-251-3706 18251-B CASCADE AVE. S. TUKWILA, WA 98188 2d Business code (see instructions) 454390 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1939500 INNOVASIAN CUISINE ENTERPRISES, LLC 18251-B CASCADE AVE. S. TUKWILA. WA 98188 3c Administrator's telephone number 425-251-3706 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. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 24 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 (b) End of Year (a) Beginning of Year 1049755 3954282 Total plan assets..... 7a 7b Total plan liabilities..... 1049755 3954282 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 137374 8a(1) (1) Employers 120748 (2) Participants 8a(2) 2747375 (3) Others (including rollovers)..... 8a(3) -73223 **b** Other income (loss)..... 8b 2932274 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 23855 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 3892 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 27747 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 2904527 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	A	mount	
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		Х			
С	Was the plan covered by a fidelity bond?	10c	X				100000
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		Х			
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				3656
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				57125
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
12	Is this 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
	(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 instruction granting the waiver.					letter rul ear	
_ '	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
	Enter the minimum required contribution for this plan year			12C			
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12d			
6	negative amount)				Yes 🗌	No	N/A
Part					100		14//
	Has a resolution to terminate the plan been adopted in any plan year?			П	′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a				
b	h Were all the plan assets distributed to participants or hepeticiaries, transferred to another plan, or brought under the control						
of the PBGC?							
	which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ıse is	establ	ished.		
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	oort, ir	ncludin	g, if applicabl		
SB o	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/i, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	01/03/2013	JOSEPH ZALKE
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

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011	and ending		12/31/2011
Α	This return/report is for: X a single-employer plan	a multiple	e-employer plan	(not multiemploy	er)	a one-participant plan
	This return/report is: the first return/report	the final r	eturn/report			
	X an amended return/report	:	•	port (less than 1	2 months)
C	Check box if filing under:		cextension	,		DFVC program
•	special extension (enter description	,	o oxtoriolori			_ br vo program
n.						
	Irt II Basic Plan Information—enter all requested inform	ation			146	Three-digit
	Name of plan NOVASIAN CUISINE ENTERPRISES RETIREMENT	SAVING	S DIAN		'15	plan number
		5117 1110				(PN) • 001
					1c	Effective date of plan
						01/01/2000
	Plan sponsor's name and address; include room or suite number (e NOVASIAN CUISINE ENTERPRISES, LLC	mployer, it	f for a single-em	ployer plan)	2b	Employer Identification Number
TIA	NOVASIAN COISINE ENIERFRISES, DEC				-	(EIN) 91-1939500
18	251-B CASCADE AVE. S.				2C	Sponsor's telephone number
					2d	425-251-3706 Business code (see instructions)
TU	KWILA WA 98188					454390
3a	Plan administrator's name and address (if same as plan sponsor, e NOVASIAN CUISINE ENTERPRISES, LLC	nter "Same	∍")		3b	Administrator's EIN
IN	NOVASIAN CUISINE ENTERPRISES, LLC		,			91-1939500
	251-B CASCADE AVE. S.				3с	Administrator's telephone number
4	KWILA WA 98188 If the name and/or EIN of the plan sponsor has changed since the I	last roturn/	rapart filed for th	is plan, antar the	46	425-251-3706 EIN
7	name, EIN, and the plan number from the last return/report.	iast return	report filed for th	ns plan, enter the	40	EIN
а	Sponsor's name				4c	PN
5a	Total number of participants at the beginning of the plan year				5а	21
b	Total number of participants at the end of the plan year				5b	24
С	Number of participants with account balances as of the end of the	olan year (defined benefit p	lans do not		
	complete this item)				5c	24
_	Were all of the plan's assets during the plan year invested in eligib		7	*		X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fe		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beg	inning of Year		(b) End of Year
а	Total plan assets	. 7a		1049	755	3954282
-	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c		1049	755	3954282
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount		(b) Total
а	Contributions received or receivable from:		, ,			
	(1) Employers	8a(1)			7374	
	(2) Participants	8a(2)			748	
	(3) Others (including rollovers)	8a(3)		2747	7375	
b	Other income (loss)	8b		-73	3223	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				2932274
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		2.3	855	
6	Certain deemed and/or corrective distributions (see instructions)			2.		
_	•	8e		3	892	
f	Administrative service providers (salaries, fees, commissions)	8f		3		
g	Other expenses (add lines add as 25 and 25)			· · · · · · · · · · · · · · · · · · ·		27747
h ;	Total expenses (add lines 8d, 8e, 8f, and 8g)					27747
	Net income (loss) (subtract line 8h from line 8c)					2904527
		8j	I .		- 1	

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Da	rt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	eature codes from th	o List of Dlan Char		# O-	-1 :	Ale a least a		
	2E 2G 2J 2K 2R 3D	rature codes from tr	ie List of Plan Char	acteris	itic Co	aes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Chara	cteristi	ic Cod	es in t	he instructi	ons:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ons within the time pliary Correction Prog	eriod described in	10a		Х		7.1110411	· · · · ·
b		(Do not include tran	sactions reported	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			1	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	delity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	r persons by an insu	rance carrier,	10e	х				365
f	Has the plan failed to provide any benefit when due under the plan?		***************************************	10f		Х	····		
g	Did the plan have any participant loans? (If "Yes," enter amount as o			10g	Х				57125
h		ee instructions and	29 CFR	10g		Х		1, 1.	
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 o	ne of the	10i					
Part	VI Pension Funding Compliance				<u></u> .				
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (If "Yes," see in	structions and com	plete S	Sched	ıle SB	(Form		
If y	Is this a defined contribution plan subject to the minimum funding red (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 a granting the waiver. To u completed line 12a, complete lines 3, 9, and 10 of Schedule Note the minimum required as the first the minimum funding reduced.	ele.) amortized in this pla IB (Form 5500), an	in year, see instruc Mont d skip to line 13.	tions, a	and er	nter the Day _	e date of th	∐ Yes e letter ruli Year	X No
	Enter the minimum required contribution for this plan year					12b			
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mir	us sian to the left o	nf a		12c			
е	Will the minimum funding amount reported on line 12d be met by the						Yes [No □] N/A
Part '	VII Plan Terminations and Transfers of Assets	Tarraing doddinio:					100] 110	14//
13a	Has a resolution to terminate the plan been adopted in any plan year?				Γ	Υe	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp								
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	ansferred to anothe	r plan, or brought u		- 1	trol		☐ Yes	No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan(s) to	•••		☐ ·	<u></u>
13	sc(1) Name of plan(s):				13c(2) EIN	(s)	13c(3)	PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonable	caus	e is e	stablis	hed.		
Under SB or	penalties 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	examined this retur	n/reno	rt inc	luding	if applicab	le, a Sche nowledge a	dule and
	18		TOCEDU PATE	T?		-			
SIGN	tour arm	11-30-15	JOSEPH ZALK	ഥ					

SIGN	Joseph Jarlac	11-30-12	JOSEPH ZALKE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Joseph Tophie	11-30-12	JOSEPH ZALKE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor