For	m 5500-SF	Short Form Annual Ret		of Small Employ	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	enefit Plan Inder sections 104 ar	nd 4065 of the Employed	e	2	2012		
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).						s Open to Public		
Pension Be	nefit Guaranty Corporation	tions to the Form 5500	Inspection						
Part I		entification Information				2010			
	ar plan year 2012 or fisca	· · · · ·		and ending 1. an (not multiemployer)	2/31/2				
	urn/report is for:		a one-particip	oant plan					
B This ret	urn/report is:		e final return/report	n/report (less than 12 mo					
0	L	ontns)							
C Check b	box if filing under:		utomatic extension			DFVC progra	IM		
Part II	Pacia Plan Inform	special extension (enter description)							
1a Name		nation—enter all requested information	on		1b	Three-digit			
		(K) RETIREMENT PLAN				plan number			
						(PN) 🕨	001		
					1c	Effective date o	•		
	oonsor's name and addre	ess; include room or suite number (emp C	ployer, if for a single-	employer plan)	2b	Employer Identi			
					2c	Sponsor's telep	hone number		
800 BELLEV SUITE 118 BELLEVUE,	UE WAY NE WA 98004				2d	425-638-1177 Business code (see instructions)			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	722110 Administrator's EIN			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						C Administrator's telephone number			
a Sponso		er from the last return/report.			4c PN				
5a Total r	number of participants at	the beginning of the plan year			5a		19		
b Total r	number of participants at	the end of the plan year			5b		0		
	· ·	count balances as of the end of the plan	•	•	5c		0		
-		uring the plan year invested in eligible					X Yes No		
b Are yo	ou claiming a waiver of th	he annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQI	PA)		X Yes No		
		er line 6a or line 6b, the plan cannot							
		incomplete filing of this return/repor							
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/va	lid electronic signature.	01/29/2013	BETH BOLYARD					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN Filed with authorized/valid electronic signature. 01/29/2013 BETH BOLYARD			BETH BOLYARD						
HERE Signature of employer/plan sponsor Date Enter name of individ					ual sig	ning as employe	r or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	arer's telephone	number (optional)		

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	7a	9710				1816	
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	9710	4			1816	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:							
(1) Employers	8a(1)			_			
(2) Participants	8a(2)			_			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	1491	2	_			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		14912	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10907	5				
e Certain deemed and/or corrective distributions (see instructions)	8e		-				
f Administrative service providers (salaries, fees, commissions)	8f	112	5				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					110200	
i Net income (loss) (subtract line 8h from line 8c)	8i					-95288	
j Transfers to (from) the plan (see instructions)	8j					00200	
Part IV Plan Characteristics	oj						
 9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K b If the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan plan plan plan plan plan plan plan							
Part V Compliance Questions				×		_	
10 During the plan year:	den en de la de	han the same stand at a single state.		Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		Х		
C Was the plan covered by a fidelity bond?			10c	X		1000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	l, that was caused by fraud	10d		х	1000	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefit	ts under the plan? (See	10e		x		
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10q		Х		
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	(See instruct	ions and 29 CFR	10g		Х		
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				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the amount from Schedule SB line 39					11a		
12 Is this a defined contribution plan subject to the minimum funding	roquiromont	ts of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X I	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
· · · · · · · · · · · · · · · · · · ·							
· · · · · · · · · · · · · · · · · · ·	, as applicabl	le.) I in this plan year, see instruc		, and e	enter th Day	-	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,a If a waiver of the minimum funding standard for a prior year is beir	, as applicabl	le.) I in this plan year, see instruc Mon		, and e		-	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	X	Yes No)				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No			
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to						
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

This form is required to be filed under sections 104 and 4065 of the Employee 2012 This form is required to be filed under sections 104 and 4065 of the Employee 2012 This form is required to be filed under sections 104 and 4065 of the Employee This form is required to be filed under section 605/(b) and 6058(a) of the Employee Dama Good (colspan="2">This form is 0 conto to Public Inspection Periful Contribution Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Partil Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: Image and return/report an anedder return/report an anedder return/report an anedder return/report DFVC program B This return/report Form 5558 automatic extension DFVC program 001 Part II Basic Plan Information enter all requested information 14 Name of plan Tot Effective date of plan 001 Cucina I Cucina I Employee identification Number (RIN) 22 2	Form 5500-SF		Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089				
Employee Breath Security Advantation This Permit Network Code (the Code). This Permit Network Code (the Code). Permit Network Comparison Complete all private beginning	Department of Labor		This form is required to be filed	e	2012				
Present bandt Guardy Convention E Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection Part II Annual Report Identification Information Constander daw year 2012 or freez pian year beginning 01/01/2012 and ending 12/31/2012 A This return/report is: is a single-semployer plan is a number of return/report a number of return/report a number of return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5568 automatic extension DFVC program special extension (enter description) DFVC program optical extension (enter description) Part II Basic Plan Information enter al requested information 10 The re-digit plan number (CVC) (PR) (PR) Cucinal ! Cucinal ! Employees ! 401 (k) Retirement Plan 10 The e-digit plan number (CVC) (PR) (PR) Cucinal ! Cucinal ! Anne of plan 10 The e-digit plan number (ER) (PR) (PR) 001 Cucinal ! Cucinal ! Anne of plan 02/01/2004 22 Employee identification Number (ER) (PR) (PR) (PR) (PR) (PR) (PR) (PR) (P						B(a) of	This Form is Open to Public		
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A This return/report is for:	from provide the state of the s		entification Information						
B This return/report In the first return/report	-					12	/31/2012		
C C Check box if filing under: G mended return/report a short plan year return/report (less than 12 months) Pert II Basic Plan Information DFVC program Cucina! Cucina! Employees' 401 (k) Retirement Plan 1b Three-digit plan number (PN) > 001 Cucina! Cucina! Employees' 401 (k) Retirement Plan 1c Effective date of plan 02/01/2004 Za Plan sponsor's name and address; include noon or suite number (employer, if for a single-employer plan) Cucina! 2b Employer Identification Number S00 Bellevue Way NE Suite 118 XA 98004 2c Sponsor's telephone number 2d Business code (see instructions) 722110 3B Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3b Administrator's telephone number 5a Total number of participants at the beginning of the plan year 5a 19 5b 0 5d Were all of the plan sponsor has changed since the plan year (defined benefit plans do not go combine) EV es			a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan		
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Image: Special extension (enter description) Part III Basic Plan Information enter all requested information 1a Name of plan Cucina ! Cucina ! Employees' 401 (k) Retirement Plan 1b Trans-digit plan number (PN) = 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Cucina ! Cucina ! Acquisition LLC 2b Bellevue Way NE Stote 118 300 Bellevue Way NE Suite 118 32 Plan administrator's name and address IS Bellevue Wa 98004 3a Plan administrator's name and address Some or state plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Total number of participants at the edgining of the plan year 4 If the name and/or EIN of the plan sponsor has changed since the last return/report, filed for this plan, enter the file for the plan sponsor has changed since the last return/report, filed for this plan, enter the file for the plan sponsor has changed since the last return/report, filed for this plan, enter the file for the plan sponsor has changed since the last return/report, filed for this plan, enter t	-	Ĺ		a short plan year retu	urn/report (less than 12 m	nonths)	_		
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3a Plan administrator's name and address Image: Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 3 Sponsor's name 4c PN 5a 19 5b 0 5b 0 0 5c 0 5a 19 5b 0 0 5b 0 5c 0 0 5a 19 5b 0 0 5b 0 5c 0 5c 0 5a 19 50 0 5c 0 5c 0 5a 19 19 10a number of partic			WA 98004						
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan admin	strator	Date 25/13	Enter name of individua	l signing	as plan administrator		
	SIGN	Bell 42	See	1/25/13	Beth Bolyard				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)		leighter er en hiefer h					and the second		
	Prepar	er's name (including firm nan	ne, if applicable) and address; include	room or suite numbe	er (optional)	Prepare	er's telephone number (optional)		

Part III Financial Information

					—		(h) End of	Veen
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Year		_		(b) End of	
а	Total plan assets	7a	97,10	94		1,81		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	97,10	94				1,816
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:	• • •						
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
<u> </u>	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	14,91	.2				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						14,912
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	109,07	15				
	· · ·		100,00	5				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	1 1 2					
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f	1,12	:5				
g	Other expenses	8g		_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						110,200
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(95,288)
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	istic (Codes	in the	instructions	::
Pa	rrt V Compliance Questions						_	
10	During the plan year:				Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•		10b		x		
С	Was the plan covered by a fidelity bond?	•••••	••••••	10c	x			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	•	-	10d		x		
е	Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		x		
<u> </u>								
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Pa	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						· .	Yes X No
11	a Enter the amount from Schedule SB line 39					11a		
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver							
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			•••••		12b		
	, , , , , , , , , , , , , , , , , , , ,							

Form 5500-SF 2012

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						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes	🗌 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?	x	X Yes 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 of the PBGC?	the control		s 🗴 No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s):	13c(2) Ell	N(s)	13c	(3) PN(s)			
Part	t VIII Trust Information (optional)							

14a Name of trust	14b Trust's EIN