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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in acc	ordance with the mstruc	ctions to the Form 550	JU-3F.			
Part	I Annual Report	Identification Information						
For cale	endar plan year 2012 or fi	iscal plan year beginning 01/01/2	2012	and ending	12/31/20	012		
A This	return/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan	
B This	return/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)			
C Che	ck box if filing under:	X Form 5558	automatic extension			DFVC progra	m	
		special extension (enter descrip	otion)					
Part	Basic Plan Info	ormation—enter all requested info	rmation					
1a Na	me of plan					Three-digit		
INNOVA	SIAN CUISINE ENTERP	RISES RETIREMENT SAVINGS PLA	AN			plan number	004	
					H .	(PN) •	001	
		10	1c Effective date of plan 01/01/2000					
2a Pla	n sponsor's name and ac	ddress; include room or suite number	r (employer, if for a single-	employer plan)	2b [Employer Identif		
INNOVA	SIAN CUISINE ENTERP	RISES, INC.			(EIN) 45-5483021			
400E4 D	CASCADE AVE. S.				2C S	Sponsor's telepl 425-251		
	A, WA 98188				2d [see instructions)	
						0		
		nd address Same as Plan Sponso	or Name Same as Plar	n Sponsor Address	3b /	Administrator's E		
INOVASI	AN CUISINE ENTERPRI	ISES, INC. 18251-B CA TUKWILA, V	ASCADE AVE. S. NA 98188		3c /		elephone number	
						425-251		
		e plan sponsor has changed since th	ne last return/report filed for	or this plan, enter the	4b	EIN 91-19	39500	
		Imber from the last return/report. AN CUISINE ENTERPRISES, LLC			4c	PN (001	
		s at the beginning of the plan year			-	T	24	
_		s at the end of the plan year			- Ou		28	
		account balances as of the end of th			30		20	
				•	. 5c		24	
		ts during the plan year invested in eli					X Yes No	
		of the annual examination and report					X Yes □ No	
		6? (See instructions on waiver eligibiline in the plan capeta in the factor of the plan capeta in the pla					X Yes No	
		or incomplete filing of this return/					abla a Cabadula	
		ther penalties set forth in the instructi and signed by an enrolled actuary, as						
	is true, correct, and com				.,			
	Filed with outborized	// volid algotropic signature	00/02/0042	IOOEDII ZALIKE				
SIGN HERE		/valid electronic signature.	09/23/2013	JOSEPH ZALKE				
	Signature of plan a	administrator	Date	Enter name of individ	dual sign	ning as plan adm	ninistrator	
SIGN HERE								
	Signature of emplo		Date	Enter name of individ				
riepare	a s name (including film l	name, if applicable) and address; inc	idae 100111 of Suite numbe	ι (υμιιστιαι)	Prepa	arer s rerebuone	number (optional)	

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Par	t III Financial Information		<u> </u>					
Pai	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your	
	Total plan assets	7a	(a) beginning of rea	(a) Beginning of Year			(b) End of Year 1423697	
	Total plan liabilities	7a 7b	333420)			1423037	
	Net plan assets (subtract line 7b from line 7a)	7c	395428	32			1423697	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	,			(b) Total	
	Contributions received or receivable from:	(a) Amount				(b) Total		
	Employers							
	(2) Participants							
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	14820)1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					322656	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	285107	'4				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	216	7				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2853241	
	Net income (loss) (subtract line 8h from line 8c)	8i					-2530585	
j	Transfers to (from) the plan (see instructions)	8j						
Par								
9a	If the plan provides pension benefits, enter the applicable pension ${\sf 2E}$ ${\sf 2G}$ ${\sf 2J}$ ${\sf 2K}$ ${\sf 2R}$ ${\sf 3D}$	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amazint	
a	Was there a failure to transmit to the plan any participant contribu			40-	163	X	Amount	
b		? (Do not	include transactions reported	10a		X		
	on line 10a.)			10b	V			
	Was the plan covered by a fidelity bond?			10c	X		200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	· ·	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		4192	
f	Has the plan failed to provide any benefit when due under the pla			10f		X	-	
g	Did the plan have any participant loans? (If "Yes," enter amount a				X		00.400	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	69490	
	2520.101-3.)	ne require	d notice or one of the	10h				
Part	vi Pension Funding Compliance	1-3		10i				
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	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
	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 of the letter ruling granting the waiverMonth Day Year							
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		-			
b	Enter the minimum required contribution for this plan year					12b		

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	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?		Yes X 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 the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

2012

This Form is Open to Public Inspection

Part I An	nual Report	lde		Information		o with the motion						
For calendar pla						/2012	and ending	12/31/2012				
A This return/re	eport is for:	X	a single-emp	loyer plan	a mu	ultiple-employer pl	an (not multiemployer)	a one-participant plan				
B This return/re	This return/report is: the first return/report the final return/report											
an amended return/report a short plan year return/report (less than 12 months))			
C Check box if filing under:									DFVC program			
			special exten	nsion (enter desci	ription)							
Part II Basic Plan Information—enter all requested information												
1a Name of pla								1b	Three-digit			
INNOVASIA	N CUISINE	ENT	rerprises	RETIREMEN	NT SAV	INGS PLAN			plan number (PN) 001			
								1c	Effective date of plan			
								`_	01/01/2000			
					er (employ	yer, if for a single-	employer plan)	2b Employer Identification Number				
INNOVASIAN	N CUISINE	EN'1	ERPRISES	S, INC.				(EIN) 45-5483021				
18251-B CA	ACADE AME	S	1					2c	Sponsor's telephone number			
10231 11 0.	JOCHDE VAT		· .					2d	425-251-3706 Business code (see instructions)			
TUKWILA			WA	98188				24	454390			
3a Plan adminis	strator's name a				sor Name	Same as Plan	Sponsor Address	3b	Administrator's EIN			
INNOVASIAN								45-5483021				
								3с	Administrator's telephone number			
18251-B CA	ASCADE AVE	. s	В.						425-251-3706			
TUKWILA			WA	98188								
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.							r this plan, enter the	4b	EIN 91-1939500			
name, EIN, a Sponsor's na	•	mbei		•	NE ENT	ERPRISES, I	T.T.C	4c PN 001				
		at th							24			
_								5b	28			
			· ·	•		ear (defined bene			1			
								5c	24			
	•		. ,		Ü	,	iions.)		X Yes No			
							d public accountant (IQ		X Yes No			
							and must instead use					
							ınless reasonable cau					
Under penalties	of perjury and ot	her p	enalties set fo	orth in the instruc	ctions, I de	eclare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule			
SB or Schedule I belief, it is true, c				nrolled actuary, a	as well as	the electronic vers	sion of this return/report	, and	to the best of my knowledge and			
Delier, it is true, o	Officul, and our	piete		·	Т		r					
SIGN	sege	\mathcal{D}	QU.	<u> </u>	a	6/18/13	JOSEPH ZALKE					
HERE Sign	hature of plan a	qwi	nistrator	***************************************	[Date	Enter name of individ	ual sig	gning as plan administrator			
SIGN 3	Janu	2	Done		- a	61/81/2	JOSEPH ZALKE					
HERE Sign	nature of emplo	yer/		*		Date	Enter name of individ	ual siç	gning as employer or plan sponsor			
					nclude roor	m or suite number			parer's telephone number (optional)			

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year		
а	Total plan assets	7a	39	5428	12		1423697		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a)					1423697		
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers		62015						
	(2) Participants	8a(2)	1	1244	0				
	(3) Others (including rollovers)	8a(3)			NEA VIII				
b	Other income (loss)								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		VALUE (322656		
d	Benefits paid (including direct rollovers and insurance premiums		20	5107	,,				
	to provide benefits)	. 8d	20	3107	4 000	arena estes. Sagrafo (S. N			
_	Certain deemed and/or corrective distributions (see instructions)	. 8e	The state of the s	010					
f	Administrative service providers (salaries, fees, commissions)	. 8f		216	7				
<u>g</u>	Other expenses	. 8g		See also see	474	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	N. A.		14.1 14.1		2853241		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i	Section 1				-2530585		
j_	Transfers to (from) the plan (see instructions)	8j					19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	ne instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a				10a		Х	Amount		
b		? (Do not	include transactions reported	10b		Х	1		
				10c	Х		200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,				and the second s		
	insurance service or other organization that provides some or all oinstructions.)			10e	Х		4192		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
<u>g</u>		,	<u></u>	10g	Х		69490		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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	and the state of the state of				
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	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No		
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а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	_			, and e	enter th Day	ne date of the letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		т				
<u>b</u>	Enter the minimum required contribution for this plan year					12b			

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<u>C</u>	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 o negative amount)		12d			
<u>e</u>	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?			es X	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 ur of the PBGC?	nder the	control		Y	es X No
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.)	plan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c	(3) PN(s)
		•				
-						
1 3000000000000000000000000000000000000						
Part	VIII Trust Information (optional)					
14a I	Name of trust		14b Tr	ust's EIN	1	