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.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Informatio	n							
For calend	ar plan year 2013 or fi	scal plan year beginning 01/0	01/2013	and ending	12/31/	2013				
A This ref	turn/report is for:	X a single-employer plan	a multiple-employe	plan (not multiemployer))	a one-particip	oant plan			
	turn/report is:	the first return/report	the final return/repo		,					
D 1111316	turr/report is.	an amended return/report	<u> </u>	 urn/report (less than 12 n	nonthe	\				
0		X Form 5558	automatic extension		110111115					
C Check	box if filing under:	1		DFVC progra	am					
	_	special extension (enter des	. ,							
Part II	Basic Plan Info	rmation—enter all requested	nformation							
1a Name					1b	Three-digit				
INNOVASIA	N CUISINE ENTERPR	RISES RETIREMENT SAVINGS	PLAN			plan number (PN) ▶	001			
					10	Effective date of				
					.0	01/01/				
2a Plan s	ponsor's name and ad	dress; include room or suite num	ber (employer, if for a since	le-employer plan)	2b	Employer Identi				
	N CUISINE ENTERP		(1) /	, , , ,		(EIN) 45-5483021				
					2c	2c Sponsor's telephone number				
18251-B CA	SCADE AVE. S.					425-25				
TUKWILA, V	VA 98188				2d	Business code ((see instructions)			
						45439	90			
3a Plan a	dministrator's name ar	nd address Same as Plan Spo	nsor Name Same as P	lan Sponsor Address	3b	Administrator's I				
NOVASIAN	CUISINE ENTERPRI	SES, INC. <u>18251-B</u>	CASCADE AVE. S.		20		83021			
		TUKWIL	A, WA 98188		3C	Administrator's 1	telephone number			
						120 20	. 0.00			
4 If the	name and/or EIN of the	e plan sponsor has changed sinc	e the last return/report file	I for this plan, enter the	4b	EIN				
		mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,						
a Spons	or's name				4c	PN				
5a Total	number of participants	at the beginning of the plan yea	·		- 5a		28			
b Total	number of participants	at the end of the plan year			- 5b		35			
C Numb	er of participants with	account balances as of the end	of the plan year (defined be	nefit plans do not						
comp	lete this item)				. 5c		28			
	•	s during the plan year invested ir	•	•			X Yes No			
		f the annual examination and rep					X Yes □ No			
		? (See instructions on waiver eligither line 6a or line 6b, the plar	,				X Yes No			
					_	. – –] Nat datamain ad			
C if the	pian is a defined benef	it plan, is it covered under the Pl	BGC insurance program (s	ee ERISA section 4021)?		Yes No	Not determined			
Caution: A	A penalty for the late	or incomplete filing of this retu	ırn/report will be assesse	d unless reasonable ca	use is	established.				
		her penalties set forth in the instr								
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary	, as well as the electronic	rersion of this return/repor	rt, and	to the best of my	knowledge and			
Dellei, it is	· · · · · · · · · · · · · · · · · · ·	DIGIG.								
SIGN	Filed with authorized/	valid electronic signature.	08/18/2014	JOSEPH ZALKE						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sid	oning as plan adn	ninistrator			
SICN	- Grighten Griphan G		34.0			gg ao p.a aa				
SIGN HERE										
	Signature of emplo	yer/plan sponsor name, if applicable) and address;	Date	Enter name of individual			r or plan sponsor number (optional)			
riepaiers	name (including ilm r	iame, ii applicable) and address;	module room of suite num	nei (ohiioiiai)	riek	Jaiei s leiepiione	number (optional)			
					1					

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Day	t III Financial Information							
							#N= 1 4W	
	an Assets and Liabilities (a) Beginning of Ye stal plan assets 14236						(b) End of Year	
	otar pian access			1			1852235	
	Total plan liabilities	. 7b _	142260	1423697			1852235	
	Net plan assets (subtract line 7b from line 7a)	- 7c		1				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (a) Amount						(b) Total	
а	(1) Employers	8a(1)	7632	0				
	(2) Participants	8a(2)	13869	8				
	(3) Others (including rollovers)							
b	Other income (loss)	00000						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					501355	
	Benefits paid (including direct rollovers and insurance premiums		70.40	_				
	to provide benefits)	. 8d	7248	/				
	Certain deemed and/or corrective distributions (see instructions)	. 8e	-	_				
f	Administrative service providers (salaries, fees, commissions)	. 8f	33	0				
	Other expenses	. 8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					72817	
	Net income (loss) (subtract line 8h from line 8c)	. 8i					428538	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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		200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X		
е								
	insurance service, or other organization that provides some or all			40-	Χ		4500	
	instructions.)			10e		X	4502	
	, , , , , , , , , , , , , , , , , , ,			10f	X	^		
<u>g</u>			·	10g	^		61000	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part	VI Pension Funding Compliance							
11								
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	2 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, as applicable.)							
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	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Fo	rm 5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year					12b		

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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?	Y	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 under the coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calend	ar plan year 2013 or fiscal plan year beginning 01/0	01/2013	and ending		12/31/2013				
A This ref	turn/report is for: 🗵 a single-employer plan 🔲 a	multiple-employer pl	an (not multiemployer)	a one-participant plan					
B This ref	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: 💢 Form 5558	utomatic extension			DFVC program				
special extension (enter description)									
Part II Basic Plan Information—enter all requested information									
1a Name	<u> </u>			1b	Three-digit				
	SIAN CUISINE ENTERPRISES RETIREMENT SA		plan number (PN) • 001						
	1c Effective date of plan 01/01/2000								
	ponsor's name and address; include room or suite number (empSIAN CUISINE ENTERPRISES, INC.	oloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 45-5483021				
18251-1	B CASCADE AVE. S.			2c	Sponsor's telephone number 425-251-3706				
TUKWIL	A WA 98188			2d	Business code (see instructions) 454390				
3a Plan a	dministrator's name and address Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN				
	SIAN CUISINE ENTERPRISES, INC.		'		45-5483021				
					Administrator's telephone number				
18251-1	B CASCADE AVE. S.				425-251-3706				
TUKWIL	A 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. 4b EIN									
	or's name			4c	PN				
5a Total	number of participants at the beginning of the plan year			5a	28				
b Total	number of participants at the end of the plan year			5b	35				
	er of participants with account balances as of the end of the plantlete this item)			5c	28				
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes No				
	ou claiming a waiver of the annual examination and report of an	•							
	29 CFR 2520.104-46? (See instructions on waiver eligibility and								
-	answered "No" to either line 6a or line 6b, the plan cannot								
C If the	plan is a defined benefit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .	📙	Yes No Not determined				
	A penalty for the late or 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 FROM STALLE SILVE JOSEPH ZALKE									
HERE	Signature of plan administrator	Date	Enter name of individu	ual sig	ning as plan administrator				
SIGN XOLLLA JOSEPH ZALKE									
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; include r	I			arer's telephone number (optional)				
			ŀ						

Par	t III Financial Information						
	Plan Assets and Liabilities		(a) Beginning of Year	ŕ			(b) End of Year
	Total plan assets	7a		369	7		1852235
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	142	369	7		1852235
ely	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)		76320			
	(2) Participants	8a(2)	13	869	8		
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	28	3633	/		501055
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			70,000	ga Papela aya sa	501355
(=)	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7	7248	7		
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		2.2	9/A N V ()		
f	Administrative service providers (salaries, fees, commissions)	. 8f		33	U		ada Sasa sa manda da sa m Sa manda da sa
g	Other expenses	. 8g		Markani (72017
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					72817
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			-	n nasa.	428538
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D						
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions:
13.00							
Par	V Compliance Questions				Yes	No	Amount
10	During the plan year:		in the time period described in		162	110	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х	
С	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?	fidelity bo	ond, that was caused by fraud	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all	her persoi	ns by an insurance carrier,		v		4500
	instructions.)			10e	X		4502
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х	
g	Charles O // War anter emount			10g	Х		61000
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See inst	ructions and 29 CFR	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i			
Par		J1-0			1	1	
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions and con	nplete	Sche	dule Si	3 (Form Yes No
118	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
12	Is this a defined contribution plan subject to the minimum fundin			e or s	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as appli	cable.)	otic = -	المحما	ontor t	ho date of the letter ruling
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.		Mor	1U1	, and	enter t Day	Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedu				Т	12b	
b	Enter the minimum required contribution for this plan year		***************************************			140	

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	_			
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part				
13a	Has a resolution to terminate the plan been adopted in any plan year?	🔲 🗎	res 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 PBGC?			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 which assets or liabilities were transferred. (See instructions.)	s) to		
,	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)

Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	