## 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

2014

This Form is Open to Public Inspection

	eport identification informatio				
For calendar plan year 20	14 or fiscal plan year beginning 01/01/	2014	and ending 12/3	31/2014	
A This return/report is for	a single-employer plan		plan (not multiemployer) (loyer information in accord		
	a one-participant plan	a foreign plan			
<b>B</b> This return/report is	the first return/report	the final return/repor	t		
	an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)	
C Check box if filing under		automatic extension	n	DFVC pro	gram
	special extension (enter des	cription)			
Part II Basic Plan	n Information—enter all requested i	nformation			
1a Name of plan INNOVASIAN CUISINE EN	TERPRISES RETIREMENT SAVINGS	PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
				1c Effective date	e of plan /01/2000
2a Plan sponsor's name INNOVASIAN CUISINE ENT	and address; include room or suite num ERPRISES, INC.	ber (employer, if for a sing	le-employer plan)		entification Number -5483021
18251-B CASCADE AVE. S.				2c Sponsor's te	lephone number -251-3706
TUKWILA, WA 98188					de (see instructions)
3a Plan administrator's n	ame and address Same as Plan Spo	nsor.		<b>3b</b> Administrator	
INNOVASIAN CUISINE ENT		B CASCADE AVE. S. LA, WA 98188			r's telephone number
	N of the plan sponsor has changed sinc lan number from the last return/report.	e the last return/report filed	I for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
<b>5a</b> Total number of partic	cipants at the beginning of the plan year			5a	35
<b>b</b> Total number of partic	cipants at the end of the plan year			5b	34
	s with account balances as of the end c		-	5c	29
d(1) Total number of ac	tive participants at the beginning of the	plan year		5d(1)	24
d(2) Total number of ac	tive participants at the end of the plan y	ear		5d(2)	22
	that terminated employment during the			5e	C
	e late or incomplete filing of this retu			se is established.	
Under penalties of perjury	and other penalties set forth in the instreted and signed by an enrolled actuary	uctions, I declare that I have	e examined this return/rep	ort, including, if app	
SIGN Filed with auth	orized/valid electronic signature.	electronic signature. 07/13/2015 MARK A. PHELPS			
	plan administrator	Date	Enter name of individu	ual signing as plan	administrator
SIGN HERE					
Signature of	employer/plan sponsor g firm name, if applicable) and address	Date	Enter name of individu		oyer or plan sponsor one number (optional)
Treparer a name (including	g iiiii name, ii appiicabie) and address i	indiade room of Suite Huffl	σοι / (ομιιστιαι)	i reparer a terepric	nie nambei (optional)

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						) X Yes No			
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not dete	ermined	
Par	t III Financial Information	1			-					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	18522	235				2165	5731	
	Total plan liabilities	7b	18522	225				2165	721	
	Net plan assets (subtract line 7b from line 7a)	7c		200			<i>(</i> ) T		77.51	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	954	135						
	(2) Participants	8a(2)	1570							
	(3) Others (including rollovers)	8a(3)	1411							
b	Other income (loss)	8b	993	353						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						493	3054	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1281	151						
е	Certain deemed and/or corrective distributions (see instructions)	8e	510	085						
f	Administrative service providers (salaries, fees, commissions)	8f	3	322						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						179	9558	
	Net income (loss) (subtract line 8h from line 8c)	8i						313	3496	
j	Transfers to (from) the plan (see instructions)	8j								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2G 2D 2D 2K 2R 3D									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	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				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	X				5858	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X				16060	
h	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No	
	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ye	s X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oti	g := -1	.nt '	 	٠- بيدا م	mulio e	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day		ne letter Year	ruling	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		t Identification Ir					
For calend	ar plan year 2014 or f	fiscal plan year beginn		01/01/2014	and ending	12/31/	2014
A This re	eturn/report is for:	x a single-employ	er plan		plan (not multiemployer) ( oyer information in accord	, -	
	•	a one-participan	nt plan	a foreign plan	,		,
B This retu	turn/report is	the first return/re		the final return/report			
- (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	unin opon is	an amended ret	· '	a short plan year retur	onths)		
C Check	box if filing under:	Form 5558	-	automatic extension		DFVC p	program
	ŭ	special extension	on (enter descript	tion)		_	
		! '		,	MINOR And State of the Control of th		
Part II		ormation—enter all	I requested infor	mation			
1a Name INNOVAS		ENTERPRISES F	RETIREMENT	SAVINGS PLAN		1b Three-digit plan numb (PN) ▶	1
						1c Effective d 01/01/2	
		ddress; include room ( ENTERPRISES,		(employer, if for a single	-employer plan)	, , ,	Identification Number
10051	- C*CCADD ALI				1		telephone number
18251-1	B CASCADE AVE	. S.			!	425-251	
TUKWILA	A	WA	98188		!	2d Business c 454390	code (see instructions)
3a Plan a	udministrator's name a	and address Same		•		3b Administra	tor's EIN
		ENTERPRISES,			ļ	45-5483	3021
					!	3c Administra	tor's telephone number
18251-E	B CASCADE AVE	. S.			1	425-251	3706
TUKWILA			8188				
		ne plan sponsor has ch umber from the last ref		e last return/report filed f	or this plan, enter the	4b EIN	
	sor's name					4c PN	
						5a	35
<b>b</b> Total r	number of participants	s at the end of the plan	n year			5b	34
				e plan year (defined bene		5c	29
				year	,	5d(1)	24
<b>d(2)</b> Tota	al number of active pa	articipants at the end	of the plan year.			5d(2)	22
		terminated employmer		n year with accrued bene	efits that were	5e	0
					unless reasonable cau	se is establishe	Д
Under pena	alties of perjury and of	ther penalties set forth	h in the instructio	ons, I declare that I have	examined this return/rep	port, including, if a	applicable, a Schedule
SB or Sphe	edule MB completed a true, correct, and com	and signed by an enrol	lled actuary, as v	well as the electronic ver	rsion of this return/report,	, and to the best o	of my knowledge and
Dellei, rus i	true, correct, and com	piete.	H.	1/2-115	MARK A. PHELPS	0	
	111111	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	120	6/20/15	MAKK A. FREDE		Mahada and a same and
SIGN	——————————————————————————————————————			I // //	1		
	Signature of plan a	administrator	7	Date	Enter name of individu		n administrator
SIGN HERE SIGN	——————————————————————————————————————	administrator D	1	Date /	Enter name of individu		n administrator
SIGN HERE SIGN HERE	Signature of plan a	DAS HO oyer/plan sponsor	1	6/20/15 Date	MARK A. PHELPS  Enter name of individu	S ual signing as em	ployer or plan sponsor
SIGN HERE SIGN HERE	Signature of plan a	DAS HO oyer/plan sponsor	nd address (inclu	6/20/15	MARK A. PHELPS  Enter name of individu	S ual signing as em	
SIGN HERE SIGN HERE	Signature of plan a	DAS HO oyer/plan sponsor	nd address (inclu	6/20/15 Date	MARK A. PHELPS  Enter name of individu	S ual signing as em	ployer or plan sponsor
SIGN HERE SIGN HERE	Signature of plan a	DAS HO oyer/plan sponsor	nd address (inclu	6/20/15 Date	MARK A. PHELPS  Enter name of individu	S ual signing as em	ployer or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condition ot use For	dent qualified public accounta ons.) m 5500-SF and must Instead	nt (IQ d use	PA) Form	5500.	a. a.
Pa	rt III   Financial Information						AMARIAN AND AND AND AND AND AND AND AND AND A
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
а	Total plan assets	7a	189	5223	5	00WI	2165731
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	185	5223	5		2165731
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	95(4)	g	9543	5		
	(1) Employers	8a(1)		5708		.,,	
	(2) Participants	8a(2)		1117			
	(3) Others (including rollovers)	8a(3)		9935			
	Other income (loss)	d8 -		,,,,,	-		493054
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		493034
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12	2815	51		
е	Certain deemed and/or corrective distributions (see instructions) 8e 510		5108	35			
	Administrative service providers (salaries, fees, commissions)	8f	100-00-00-00-00-00-00-00-00-00-00-00-00-	32	2		
	Other expenses	8g			$\top$		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	SW				179558
	Net income (loss) (subtract line 8h from line 8c)	8i					313496
	Transfers to (from) the plan (see instructions)	8i					
	t IV Plan Characteristics	<u> </u>					
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D	feature cod	des from the List of Plan Chara	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c	Х		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	Х		5858
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х		16060
r	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х	
	16401		1 4 4 4		1	1	

g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h Net income (loss) (subtract line 8h from line 8c) ..... 8i Transfers to (from) the plan (see instructions)..... Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature code 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes Part V **Compliance Questions** 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not inc on line 10a.) ..... Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond Were any fees or commissions paid to any brokers, agents, or other persons b insurance service, or other organization that provides some or all of the benefit instructions.) ..... Has the plan failed to provide any benefit when due under the plan? ..... Did the plan have any participant loans? (If "Yes," enter amount as of year end h If this is an individual account plan, was there a blackout period? (See instruct If 10h was answered "Yes." check the box if you either provided the required notice or one of the 10i exceptions to providing the notice applied under 29 CFR 2520.101-3 ..... Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below) ...... 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ...... 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.) 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 Year

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	m 5500), and skip to line 13.				***************************************
<u>b</u>	Enter the minimum required contribution for this plan year		12b			
N						
<u> </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 negative amount)	(enter a minus sign to the left of a	12d			
e	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 th	is year	. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	d to another plan, or brought under the	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s)	to	<u> </u>		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				Į.	
	Name of trust		14b Tr	ust's EIN		
				mer V bull 1		