Forr	n 5500-SF	Short Form Annu	•	•	oyee	C	0MB Nos. 1210-0110 1210-0089				
	nent of the Treasury I Revenue Service	This form is required to be file	Benefit Plai	-	etirement		2015				
Employee Ben	artment of Labor efits Security Administration	This Fo	rm is Open to c Inspection								
Pension Ben	efit Guaranty Corporation	Complete all entries in dentification Information		structions to the Form 5	500-SF.						
	plan year 2015 or fisc			and ending 12	2/31/2015						
A This retu	rn/report is for:	a single-employer plan		er plan (not multiemployer) employer information in ac	•	0					
B This retur	n/report is	the first return/report an amended return/report	the final return/repo	ort eturn/report (less than 12 m	onths)						
C Check bo	ox if filing under:	Form 5558 special extension (enter desc	automatic extensio	n		OFVC progra	m				
Part II	Basic Plan Infor	mation —enter all requested in	1)								
1a Name o INNOVASIAN	fplan	SES RETIREMENT SAVINGS F			(PN)	number	001 Dlan				
2a Blan and	proor's name (employe	r, if for a single-employer plan)				01/01	/2000				
Mailing City or t	address (include room, own, state or province,	apt., suite no. and street, or P.C country, and ZIP or foreign pos		nstructions)	(EIN)	45-54					
NNOVASIAN	CUISINE ENTERPRIS	ES, INC.			2c Sponsor's telephone number 425-251-3706						
18251-B CASC FUKWILA, WA	CADE AVE. S. 98188				20 Busin	ess code (s 45439	ee instructions)				
		address Same as Plan Spon	sor.		3b Admi	nistrator's E	N 83021				
NNOVASIAN	CUISINE ENTERPRIS		CASCADE AVE. S. A, WA 98188		3c Admi		lephone number				
						425-251	-3706				
		olan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN						
a Sponsol	•				4c PN						
5a Total nu	mber of participants at	t the beginning of the plan year.			5a		34				
b Total nu	imber of participants at	t the end of the plan year			5b		40				
		count balances as of the end of			5c		29				
	,	cipants at the beginning of the p			5d(1)		22				
• •		cipants at the end of the plan ye			5d(2)		36				
		rminated employment during the			5e		0				
Under penal	ties of perjury and othe	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	oort, includir	ng, if applica					
	ue, correct, and comple	ete. alid electronic signature.	08/08/2016	MARK A. PHELPS							
HERE	Signature of plan adı		Date	Enter name of individ	ual signing a	as plan admi	nistrator				
SIGN HERE											
	Signature of employe ame (including firm nar	e r/plan sponsor ne, if applicable) and address (i	Date nclude room or suite nur	Enter name of individ		as employer telephone r					
				,							
For Paperwor	k Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SE			orm 5500-SF (2015)				

Form 5500-SF 2015		Page 2							
 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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 									
If you answered "No" to either line 6a or line 6b, the									
C If the plan is a defined benefit plan, is it covered under the	ne PBGC insurance prog	gram (see ERISA section 40	021)?		Yes	No	Not determined		
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	of Year		
a Total plan assets	7a	2165	731				2413123		
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	2165	5731				2413123		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
Contributions received or receivable from: (1) Employers		101	218						
(2) Participants	8a(2)	215	129						
(3) Others (including rollovers)	8a(3)	77	730						
b Other income (loss)	8b	-24	-24287						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						369790		
d Benefits paid (including direct rollovers and insurance pr to provide benefits)		122	398						
e Certain deemed and/or corrective distributions (see instr	ructions) 8e								
f Administrative service providers (salaries, fees, commiss	sions) 8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)							122398		
Net income (loss) (subtract line 8h from line 8c)	8i						247392		
J Transfers to (from) the plan (see instructions)	····· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable 2E 2G 2J 2K 2R 3D	ble pension feature code	s from the List of Plan Cha	racteris	tic Co	des in tl	he instruct	tions:		
B If the plan provides welfare benefits, enter the applicable	le welfare feature codes	from the List of Plan Chara	cteristi	c Cod	es in the	e instructio	ons:		
Part V Compliance Questions									
10 During the plan year:			Yes	No	N/A		Amount		
a Was there a failure to transmit to the plan any participa described in 29 CFR 2510.3-102? (See instructions an Program)	nd DOL's Voluntary Fidu	iciary Correction		X					
b Were there any nonexempt transactions with any party reported on line 10a.)	•			x					
C Was the plan covered by a fidelity bond?			х				200000		
d Did the plan have a loss, whether or not reimbursed by by fraud or dishonesty?		that was caused		x					
e Were any fees or commissions paid to any brokers, ag carrier, insurance service, or other organization that pr the plan? (See instructions.)	ents, or other persons b ovides some or all of the	y an insurance benefits under	×				6928		
f Has the plan failed to provide any benefit when due un	der the plan?			Х					
g Did the plan have any participant loans? (If "Yes," enter	r amount as of year end		Х				10036		
h If this is an individual account plan, was there a blacko 2520.101-3.)	ut period? (See instructi	ons and 29 CFR		x					

j	Did	the plan trust incur unrelated business taxable income?	10j							
Part	VI	Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							′es	No		
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a				
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	Υ	′es X	No

10i

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....

i.

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-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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 waiver									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trust's E	IN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No	No			
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	Y	es	No	N/A				

Form 5500-SF	Short Form Annı	Short Form Annual Return/Report of Small Empl Benefit Plan						
Department of the Treasury Internal Revenue Service	This form is required to be fil-	ed under sections 104 and 4065 of the Employee R	etirement	2015				
Department of Labor Employee Benefits Security Administration	1	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the Form 5	500-SF.	Public Inspection				
Part I Annual Report For calendar plan year 2015 or 1	t Identification Information	1 01/01/2015 and ending	12	/31/2015				
Tor calendar plan year 2015 01.1	X a single-employer plan	a multiple-employer plan (not multiemployer)						
A This return/report is for:	a one-participant plan	list of participating employer information in a						
		a foreign plan						
B 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 m	ionths)					
C Check box if filing under:	X Form 5558	automatic extension	ı []	DFVC program				
yes (600,000	special extension (enter desc							
	ormation—enter all requested ir	nformation	46 71					
1a Name of plan INNOVASIAN CUISINE	ENTERPRISES RETIREMEN	NT SAVINGS PLAN	1b Thre plan (PN)	number 001				
			1c Effect	ctive date of plan				
2a Plan sponsor's name (empl		·	01/2000					
Mailing address (include roo	om, apt., suite no. and street, or P.0) 45-5483021				
	ice, country, and ZIP or foreign pos	tal code (if foreign, see instructions)	2c Sponsor's telephone number					
				425-251-3706 2d Business code (see instructions)				
18251-B CASCADE AV	E. S.		1	390				
TUKWILA	WA 98188							
	and address Same as Plan Spon	ISOF.	3b Administrator's EIN 45-5483021					
INNOVASIAN CUISINE	ENIERPRISES, INC.		3c Administrator's telephone number					
18251-B CASCADE AVE	I. S.		425-	-251-3706				
TUKWILA	WA 98188							
	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
a Sponsor's name			4c PN					
5a Total number of participant	s at the beginning of the plan year.		5a	34				
			5b	40				
		i the plan year (defined benefit plans do not	5c	29				
d(1) Total number of active pa	articipants at the beginning of the p	lan year	5d(1)	22				
		ar,	5d(2)	36				
than 100% vested		e plan year with accrued benefits that were less	5e	0				
Caution: A penalty for the late	or incomplete filing of this retur	m/report will be assessed unless reasonable ca actions, I declare that I have examined this return/re	use is estal port. includi	blished.				
SB or Schedule MB completed a belief, it is true, correct, and corr	and signed by an enrolled actuary,	as well as the electronic version of this return/repor	t, and to the	best of my knowledge and				
SIGN Mart	a Phille	MARK A. PHELP	S					
HERE Signature of plan	administrator	Date F/S// Enter name of individ	ual signing	as plan administrator				
SIGN Mar	2 g Rhego	MARK A. PHELP	S					
HERE Signature of empl				as employer or plan sponsors telephone number				
Freparers name (including firm	name, if applicable) and address (i							

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Page 2

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a tions.)	account	ant (IQ	PA)				/es	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in]No []	Not de	termine	ed
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	End of Year		
а	Total plan assets	7a		2,16	5,73	1			2,	413,	123
b	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c		2,16	5,73	1	2,413,1				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) T	otal		
а	Contributions received or receivable from:			1.0	1 0 1						
<u></u>	(1) Employers	8a(1)			1,21						
	(2) Participants	8a(2)	215,1								
	(3) Others (including rollovers)	8a(3)		7,73	0						
b	Other income (loss)	8b		- 2	4,28	7					:
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								369,	790
d	Benefits paid (including direct rollovers and insurance premiums			12	2,39	8					
	to provide benefits)	8d		14	2,55						
	Certain deemed and/or corrective distributions (see instructions)	8e				——					
	Administrative service providers (salaries, fees, commissions)	<u>8f</u>	······································								
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				122,	
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>				_				247,	392
<u> </u>	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instruc	tions:		
	2E 2G 2J 2K 2R 3D							- (
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pial	n Chara	acterist		ies in th	e instructi	ons:		
Part	V Compliance Questions										
10					Yes	No	N/A		Amou	nt	
	During the plan year: Was there a failure to transmit to the plan any participant contribution	tione within	n the time period		163		N/A		Amou	m	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	'oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	х					200	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х		-			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person	s by an insurance the benefits under	10e	x					6	,928
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	s of year e	nd.)	10g	Х					10	,036
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				х					
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	ne required	I notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								ר [] ו	′es 🗌	No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of th	ne Code	e or se	ction 3	302 of E	RISA?		es X	No

	Form 5500-SF 2015 Page 3 -								
	(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 being amortized in this plan year, see instructions, and granting the waiver		er the Day	date of t	he letter ri Year	uling			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	1	2b						
с	Enter the amount contributed by the employer to the plan for this plan year	1	2c						
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)	1	2d						
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	s X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		ol		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.)								
1	3c(1) Name of plan(s): 13c(2) EIN	l(s)		13c(3)	PN(s)			
Part	VIII Trust Information								
14a I	Name of trust	14	14b Trust's EIN						
14c	Name of trustee or custodian	1		Trustee's elephone	or custod number	ian's			
Part	IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?	[] Yes		🗌 No				
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	[] ba ha	sign- sed safe rbor ethod	AD tes	P/ACP st			
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?] Yes		No				
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	[tio rcentage t		erage nefit test			
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	_] Yes	3	No				
	Has the plan been timely amended for all required tax law changes?	[No	N/A			
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter th for tax law changes and codes).					instructions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subj advisory letter, enter the date of that favorable letter and the letter's serial number					n or			
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of the	e plan	's last fav	vorable				
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	[]Yes		No				
19	Were in-service distributions made during the plan year?	[[] Yes	3	No No				
	If "Yes," enter amount		19						
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	[] Yes	3	No	N/A			