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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | | Complete all entries in accorda | ance with the monde | cions to the roini 550 | 0-31 . | | | | | |
|------------------------------|--|--|---------------------------|--|---------------------------------|----------------------------|-------------------|--|--|--|
| Part I | Annual Report | Identification Information | | | | | | | | |
| For calend | dar plan year 2013 or fis | cal plan year beginning 01/01/2013 | | and ending | 12/31/2 | 2013 | | | | |
| A This re | eturn/report is for: | X a single-employer plan | a multiple-employer pl | an (not multiemployer) | mployer) a one-participant plan | | | | | |
| B This re | eturn/report is: | the first return/report t | the final return/report | | | | | | | |
| | | an amended return/report | short plan year return | n/report (less than 12 m | onths) |) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC program | | | | | |
| | | special extension (enter description |) | | | _ | | | | |
| Part II | Basic Plan Info | rmation—enter all requested informat | tion | | | | | | | |
| 1a Name | e of plan | | | | 1b | Three-digit | | | | |
| BUCKY BE | AVER RETIREMENT P | LAN | | | | plan number | 004 | | | |
| | | | | | 10 | (PN) ▶ Effective date o | 001 f.plan | | | |
| | | | | | 10 | 01/01/ | • | | | |
| | sponsor's name and add | dress; include room or suite number (em | nployer, if for a single- | employer plan) | 2b | Employer Identif | fication Number | | | |
| | | | | | 2c | Sponsor's telep | hone number | | | |
| 13803 - 115 | 5TH AVE. N.E. | | | | | 425-82 | | | | |
| |), WA 98034 | | | | 2d | Business code (| | | | |
| 20.01 | | | По | 0 411 | 2 h | 61100 | _ | | | |
| 3a Plan a | administrator's name an | d address XSame as Plan Sponsor Na | ime Same as Plan | Sponsor Address | 30 | Administrator's I | EIN | | | |
| | | | | | 3с | Administrator's t | elephone number | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 If the | name and/or FIN of the | plan sponsor has changed since the la | st return/report filed fo | r this plan enter the | 4h | EIN | | | | |
| | | nber from the last return/report. | ot return report med re | i tilo plan, enter the | 75 | LIIN | | | | |
| a Spons | sor's name | | | | 4c | PN | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | | 2 | | | |
| b Total | number of participants | at the end of the plan year | | | 5b | | 2 | | | |
| | · · · | account balances as of the end of the plants | • • | • | 5c | | 2 | | | |
| 6a Were | e all of the plan's assets | during the plan year invested in eligible | assets? (See instruc | tions.) | | | X Yes No | | | |
| , | , | the annual examination and report of an | | | , | | Voc □ No | | | |
| | | Y (See instructions on waiver eligibility and ther line 6a or line 6b, the plan canno | | | | | X Yes No | | | |
| | | t plan, is it covered under the PBGC ins | | | | | Not determined | | | |
| C II tille | plair is a defined benefit | t plan, is it covered under the FBGC ins | diance program (see | LNISA SECTION 4021)! | | l les 🗌 luo 🖺 | Not determined | | | |
| | • | or incomplete filing of this return/repo | | | | | | | | |
| | | ner penalties set forth in the instructions, ad signed by an enrolled actuary, as well the | | | | | | | | |
| belief, it is | rac, correct, and comp | note. | | SIGN Filed with authorized/valid electronic signature. 02/07/2014 MOLLY CARSON | | | | | | |
| SIGN | · · · · · | | 02/07/2014 | MOLLY CARSON | | | | | | |
| , | · · · · · | valid electronic signature. | 02/07/2014 Date | MOLLY CARSON Enter name of individ | ual sig | gning as plan adn | ninistrator | | | |
| SIGN | Filed with authorized/v | valid electronic signature. | | | ual sig | gning as plan adn | ninistrator | | | |
| SIGN HERE | Filed with authorized/v | valid electronic signature. | Date | Enter name of individ | | , , | | | | |
| SIGN HERE SIGN HERE | Filed with authorized/v Signature of plan ac | valid electronic signature. | Date Date | Enter name of individ | ual sig | gning as employe | | | | |
| SIGN HERE SIGN HERE | Filed with authorized/v Signature of plan ac | valid electronic signature. dministrator yer/plan sponsor | Date Date | Enter name of individ | ual sig | gning as employe | r or plan sponsor | | | |
| SIGN HERE SIGN HERE | Filed with authorized/v Signature of plan ac | valid electronic signature. dministrator yer/plan sponsor | Date Date | Enter name of individ | ual sig | gning as employe | r or plan sponsor | | | |
| SIGN HERE SIGN HERE | Filed with authorized/v Signature of plan ac | valid electronic signature. dministrator yer/plan sponsor | Date Date | Enter name of individ | ual sig | gning as employe | r or plan sponsor | | | |

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| Pa | rt III Financial Information | | | | | | | | | |
|----------|--|------------|---------------------------------|---------|-----------------|-----------|-----------------|---------------------|----------|-----|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | (b) End of Year | | | | | |
| <u>.</u> | Total plan assets | 7a | 9502 | | | 1272 | | |) | |
| | Total plan liabilities | 7b | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 95020 | | | | | 127260 |) | |
| 8 | Income, Expenses, and Transfers for this Plan Year | - 10 | (a) Amount | | | (b) Total | | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (b) 100 | aı | | |
| | (1) Employers | 8a(1) | 3224 | 0 | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 32240 |) | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 32240 |) | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2T 3D | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instruction | ns: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cterist | ic Cod | des in t | he instructior | is: | | |
| Par | V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | mount | | |
| a | Was there a failure to transmit to the plan any participant contribu | | | 40- | | X | | mount | | |
| b | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest | ? (Do not | include transactions reported | 10a | | X | | | | |
| | on line 10a.) | | | 10b | | X | | | | |
| c | Was the plan covered by a fidelity bond? | | | 10c | | ^ | | | | |
| 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 instructions.) | | | 10e | | Χ | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | | | | | Χ | | | | |
| | | | | 10f | | X | | | | |
| g | | | | 10g | | | | | | |
| | 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 | | | | | | I | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | ☐ Yes | П | No |
| 110 | 5500) and line 11a below) | | | | | | | | <u> </u> | |
| | Enter the unpaid minimum required contribution for current year fr | | ` ' | | | 11a | EDICAC T | □ v | V | Nic |
| 12 | Is this a defined contribution plan subject to the minimum funding | - | | or se | ction | 302 of | ERISA? | Yes | ٨ | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir | | | otions | and a | ontor +1 | o data of the | lottor re | lina | |
| | granting the waiver. | | Mon | | , and (| Day | | e letter ru 'ear | ııı ığ | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | • | • | | <u> </u> | 401 | I | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | 1 | | | |

| Page | 3 - | 1 |
|------|-----|---|
|------|-----|---|

| 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 | | | | 14b Trust'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).

2013

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning and ending 12/31/2013 X a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan the first return/report B This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit **BUCKY BEAVER RETIREMENT PLAN** plan number 001 (PN) > 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BUCKY BEAVER PRE-SCHOOL 2b Employer Identification Number 91-2017679 (EIN) Sponsor's telephone number (425) 821-5022 13803 - 115TH AVE. N.E. 2d Business code (see instructions) KIRKLAND, WA 98034 611000 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 2 b Total number of participants at the end of the plan year 5b 2 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 2 5c 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.)..... Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500, c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established 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 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

| Par | t III Financial Information | | | - | | | | | | | | | | | | |
|-----------|---|---------------------------|--|---------|---------|-------------|--------------|---------|------------|---|--|--|--|--|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End | of Yes |) P | | | | | | | |
| а | Total plan assets | 7a | 9502 | | 1 | | (6) 2110 | | 7260 | | | | | | | |
| b | Total plan liabilities | 7b | | | 1 | | | | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 9502 | 0 | | | - | 12 | 7260 | | | | | | | |
| 8 | come, Expenses, and Transfers for this Plan Year (a) Amount | | | | | | (b) Total | | | | | | | | | |
| | Contributions received or receivable from: | | | | | | (-/ | - 15 | 45 Tu | el e | | | | | | |
| | (1) Employers | 8a(1) | 32240 | 0 | _ | | | 15.2 | 85 | 15H at | | | | | | |
| C-10-11-1 | (2) Participants | 8a(2) | | - | - | | | | 100 | 16. | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 38-38-38-38-38-38-38-38-38-38-38-38-38-3 | | - | | | | | | | | | | | |
| | Other income (loss) | 8b | | | | - | | 11 | | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | - | | | 3: | 2240 | | | | | | | |
| | to provide benefits) | 8d | | | | | | | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | 1 442 | | 1841 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | - 114 | us Hillian | åga. | | | | | | |
| g | Other expenses | 8g | | | | 110 | 180 T. T. T. | 14833 | W. S. | 2000 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | *********** | | | | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | · | 3 | 2240 | | | | | | | |
| j | Transfers to (from) the plan (see instructions) | 81 | | | - 300 | | | | 1 37 | 4:1- | | | | | | |
| Par | t IV Plan Characteristics | | | | | | - | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2T 3D | feature cod | des from the List of Plan Chara | acleris | stic Co | des in | the instru | ctions: | -000 mm | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature code | es from the List of Plan Chara | cterist | ic Cod | les in t | he instruc | ions: | - | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Part | V Compliance Questions | | | | | | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amou | ınt | | | | | | | |
| . a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ciary Corr | ection Program) | 10a | | X | | 311 | | 0.00 | | | | | | |
| d | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | include transactions reported | 10b | | x | | | | | | | | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | | Х | | | | | | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | fidelity bor | nd, that was caused by fraud | 10d | | х | | | | | | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all | ner person: of the ben | s by an insurance carrier, efits under the plan? (See | | | 200 | <u> </u> | | | | | | | | | |
| - | instructions.) | | | 10e | | _X | | | | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | | | 10f | | Х | | | | | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Х | ==== | | | | | | | | | |
| h | 2520.101-3.) | · ····· | | 10h | | х | | | She in the | L., | | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 | he required | d notice or one of the | 10i | | | | | | 1.27 | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | nents? (If " | Yes," see instructions and com | plete | Sched | lule SI | 3 (Form | П | Yes | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year for | | | | | 11a | | | | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | e or se | ction : | 302 of | ERISA? | П | Yes | X No | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | | | | | | | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is bei granting the waiver. | ng amortiz | ed in this plan year, see instru | ctions, | and e | | ne date of | | er rulii | ng | | | | | | |
| 3 | | | | | | Day | | Year | | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | |
| 2000 | | e MB (For | m 5500), and skip to line 13. | | | Day | | Tear | | | | | | | | |

| Form | 5500 | -SF | 20 | 13 |
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| C | 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) | | | | | |
| 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? | 100 | es X | lo | |
| | 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 | L | x1 0.5511940. | |
| | 3c(1) Name of plan(s): | 13c(2) El | N(s) | 13c(3 | PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a Name of trust | | 14b Trust's EIN | | | |
| ; k | | | | | |
| | | | | T. 1 | |