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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pensio	on Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance with the instruc	tions to the Form 550	0-SF.		spection
Part	I Annual Report I	Identification Information					
For cale	endar plan year 2013 or fis	cal plan year beginning 07/01/201	13	and ending 0	6/30/2	2014	
	return/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant 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 mo	onths))	
C Che	ck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	, , , , , , , , , , , , , , , , , , ,				
Part	II Basic Plan Infor	rmation—enter all requested inform	nation				
1a Na	me of plan				1b	Three-digit	
BRUNO'S	S BUCKS 401(K) PLAN					plan number	004
					4.	(PN) •	001
					1C	Effective date o	•
20 Dia					OI-		/2012
	S FAMILY RESTAURANT	dress; include room or suite number (6 & BAR	employer, if for a single-	employer plan)	2 D	Employer Identi (EIN) 26-20	171720
РО ВОХ	519				2c	Sponsor's telep	
	VILLE, WA 98328				2d	Business code	(see instructions)
3a Pla	n administrator's name and	d address XSame as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 161					4.		
		plan sponsor has changed since the nber from the last return/report.	last return/report filed to	or this plan, enter the	4b	EIN	
	onsor's name	iber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		11
_		at the end of the plan year			5b		9
		account balances as of the end of the					
_	•	during the plan year invested in eligit			5c		Yes No
_	·	the annual examination and report of	,	•			N 100 110
		(See instructions on waiver eligibility					X Yes No
lf :	you answered "No" to eit	ther line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.	
C If t	he plan is a defined benefit	t plan, is it covered under the PBGC i	insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Courtico	a. A nanalty for the late o	or incomplete filing of this return/re	nort will be accessed	unlaca rassanahla sau	uso is	actablished	_
		or incomplete filing of this return/re ner penalties set forth in the instruction					able a Cabadula
SB or S		nd signed by an enrolled actuary, as w					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sid	ning as plan adı	ministrator
SIGN	o.ga.a.		24.0		<u></u>	,g ao pian aa	
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	er or plan sponsor
Prepare		ame, if applicable) and address; include					number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Vo	ar		
	Total plan assets			7111			(b) End of Year 14686				
	Total plan liabilities										
	Net plan assets (subtract line 7b from line 7a)	76 7c	711	1			14686			_	
8	Income, Expenses, and Transfers for this Plan Year	70		•			/b\ T.				
	Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)	153	8							
	(2) Participants	8a(2)	454	17							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	149	00							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7575		
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									
i	Net income (loss) (subtract line 8h from line 8c)	8i							7575		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	, <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Par	t V Compliance Questions										
	•				Yes	No		A	1		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione within	n the time period described in	I	163	NO		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a	X					42	71
	on line 10a.)			10b		X					
				10c		Χ					
d				100							
	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 					V					
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ					
	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	Ť		Х					
•	2520.101-3.)			TUN		^					
i	2520.101-3.)	ne required	d notice or one of the	10h		^					
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	ne required	d notice or one of the	10h		^					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ne required	d notice or one of the Yes," see instructions and com	10i		dule SE			Voc	▽	JC.
Part	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ne required	d notice or one of the Yes," see instructions and con	10i	<u>.</u>	dule SE			Yes	X	No
11 11a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. EVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ne required 1-3 nents? (If "	Yes," see instructions and con	10i		dule SI					
Part	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) If Enter the unpaid minimum required contribution for current year from the subject to the minimum funding the subject to the subject	ne required 1-3 nents? (If " rom Sched	Yes," see instructions and con- ule SB (Form 5500) line 39	10i		dule SI			Yes		No No
11 11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	ne required 1-3 ents? (If " rom Sched requireme , as applica	Yes," see instructions and con- ule SB (Form 5500) line 39 ents of section 412 of the Code	10i	ection	dule SE 11a 302 of	ERISA?		Yes	X	
11 11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. I VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for list his a defined contribution plan subject to the minimum funding (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 being granting the waiver.	ne required 1-3 ents? (If " com Sched requirement, as applicating amortize	Yes," see instructions and con- ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	10i nplete e or se ctions	ection	dule SE 11a 302 of	ERISA?	ne let	Yes ter rul	X	
i Part 11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for lis this a defined contribution plan subject to the minimum funding (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 being the standard for a prior year.	ne required 1-3 nents? (If "" rom Sched requireme , as applicating amortization	Yes," see instructions and comule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	10i	ection	11a 302 of	ERISA?		Yes ter rul	X	

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	art 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	C 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.)							
	13c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust INO'S BUCKS 401(K) PLAN		rust's EIN 460769162					

Jan. 7. 2015 11:39AM Eclipse Wealth Strategies No. 0231 Short Form Annual Return/Report of Small Employee Form 5500-SF OMB Nos. 1210-0110 Department of the Treasury Informal Revenue Service Benefit Plan 1210-0080 This form is required to be filed under sections 104 and 4085 of the Employee 2013 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(e) of Department of Later Employee Berrefits Security Administration the Internal Revenue Gode (the Gode). This Form is Open to Public Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 6500-8F. Inspection Part | Annual Report Identification Information For calender plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014 A This return/report is for: x a single-employer plan a multiple-employer plan (not multiemployer) a one-participant 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 months) C Check box if filling under: Form 5858 automatic extension ☐ DFVC program special extension (unter description) Partif Basic Plan Information ---- enter all requested information 1a Name of plan 1b Three-digit Bruno's Backs 401(k) Plan redinum nekq (PN) ► 001 1¢ Effective date of plan 07/01/2012 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Bruno's Family Restaurant & Bar 2b Employer Identification Number (EIN) 26-2071720 Sponsor's telephone number PO Box 519 (253) 255-2071 2d Business code (see instructions) US Eatonville WA 98328 722511 3a Plan administrator's name and address 🛣 Same 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 fact return/report filed for this plan, enter the 4b EW name, EIN, and the plan number from the test returnive port. a Sponsor's name 4c PN 5а 11 b Total number of participents at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not ġ complete this item) 6a Were all of the plan's essets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IGPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes I No if you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-8F and must instead use Form 5500. c II the plan to a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ________Yes ____No ___Not determined Caution: A panelty 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 varation of this return/report, and to the best of my knowledge and belief, it is true, forrect, and complete.

Jim Cross

Jim Cross

Enter name of individual signing as plan administrator

Enter name of Individual aligning as employer or plan sponsor

Preparer's telephone number (optional)

Date

Drie

For Paperwork Raduction Act Notice and OMB Control Numbers, ace the instructions for Form 5500-6F.

Preparer's rights (Including firm name, if applicable) and address; include room or suite number (options)

RIGHT

HERE

ire of plan administrator

ture of employer/plan eponeor

Form 5600-8F (2013) v.130116

	Form 5500-SF 2013		Page 2							
	Art III									
7	Plan Assots and Liabilities	234 16	(-) (2)							
	Total plan assets	78	(-) - alluming of ((b) End of Year				
Ь	Total plan liabilities	7b	1,	111	- -			1	4,686	
C	Net plan assels (subtrect line 7b from line 7e)	7c	<u> </u>							
8	income, Expanses, and Transfers for this Plan Year		(a) Amount	111					4,686	
4	. Contributions received or receivable from:		(e) withfult			era e e a c	(b)	Total		
	(1) Employers	89(1)	1,	530						
_	(2) Participants (manufacture)	Ba(2)	4,	547	3			7.0	777 W	
ь	(3) Others (including rollovers) Other income (loss)	On(3)			43		e de la	19.5		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bb.	1,	490			e de silvari	77 P	2107	
त	Dentality Data (Industrial direct collabora and Instrume programs	₿c							7,575	
	to provide denents)	Bd .					149.00		. 4 Tu	
0	Certain deemed and/or corrective distributions (see instructions)	80					77 7	ie studi	harmet et a	
<u>f</u>	Administrative service providers (sateries, fees, commissions)	8f		•		in the second				
9	Other expenses	8g				Bake ja Kana				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					desirate la	27. E. j. j.		
1	Net Income (lose) (subtract the 8h from line 8c)	84		-						
Ļ,	Transfers to (from) the plan (see instructions)	8)			() 1320		4 X 12 14 12 1		,57 <u>5</u>	
	Plan Characteristics	<u></u> -			t.	267			在华国教学 的	
9=	If the plan provides pension benefits, enter the applicable pension for 2F 2G 2J 2K 3D	shro codo	a favor that it fat a first and							
\perp	2F 2G 2J 2K 3D	annes conte	a mount mis river on 1-150 CURING	terisi)	c Cod	es in L	he instruction	Mis;		
b	If the plan provides wallers benefits, enter the applicable walks of the								 -	
	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	wom the List of Plan Characte	ntstic	Code	in th	a Inclinaction	IB:		
P	Compliance Questions		<u> </u>							
10	During the plan year:				,				•••	
	Was there a fallure to transmit to the niers are posted and accept			,	Yes	No		Amount		
				40-	×					
b	on line 10a.)	(De not Inc	dude transactions reported	10a	†	_	 		4,271	
C	Aver his high covered by a udealy poug,			10b		X				
d	Did the plan have a loss, whether or not relimbursed by the plan's fld or dishonesty?			10c		<u>x</u>	!			
¢	TYPIC OUT MESS IN CHITCHISTING FOR IN DOUGH NO DESCRIPTION ASSOCIATION			10d		X				
f	The state of the s		IIIII latera is a second	100		x				
	Has the plan failed to provide any benefit when due under the plan?			101]	×				
-	Did the plan have any participant loane? (If "Yes," enter amount as o	f year end	.)	10g		x			-	
	If this is an Individual account plan, was there a blackout period? (Se 2520.101-3.)	-		10h						
Ī	II July Was answered "Yes," pheck the hove from all her provided the		ofice or one of the	1711		X				
Parl	exceptions to providing the notice applied under 29 CFR 2520 101-3 Vi Pension Funding Compliance	4444	1	10f						
	Is this a defined benefit plen subject to minimum funding requirement 5500) and line 11a below)			He Sc	hodul	e 88 (Пу.,	₩	
112	contribution for current year from	Schedule	SH (Form 5500) floo 20		1.		пинини	Yes	140	
14	to this a desired contribution plan subject to the minimum funding requ	minernia.	of section 412 of the Code or	section	m 302	of FG	ISA2	Yes	1 ₹1 N-	
	(II Tos. complete line 12a of lines 12b, 12c, 12d, and 12e halow ne	SMR#AALI-	- 1			\neg				
а —	tra waiver of the minimum funding standard for a prior year is being a granting the waiver	mortized i	n this plan year, see instruction	na, ar	nd enti	er Che				
<u>,,, ,,,</u>	no complete lines 3, 9, and 10 of Schedule ME	Form #	500) and elde to line 42		=	Day		Year _	 -	
b	Enter the minimum required contribution for this plan year	- i willi de	AAAN SILVE ON HILL SILVE 13.		-					
	The same part you continued	HIII HIII HIII	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		· 12	2b				

Form 5500-SF 2013	Page 3-				
C Enter the amount contributed by the employer to the plan for this plan d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) Will the minimum funding amount reported on line 12d be met by the formations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	result (enter a minus sign to the left	of a	12d	Yes [JND □N/A
b Were all the plan assets distributed to participants or beneficiaries, transferred to the employed by the PBGC7 measurement of the PBGC7 measurement of the participants were transferred from the which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	oyer ihls year naferred to another plan, or brought i	under the co	13a ontrol		Yes X No
Part VIII Trust Information (optional)		130	:(2) EIN(6)	13c(3) PN(8)
142 Name of Irust Bruno's Bucks 401 (k) Plan				usl's EIN 16-0769	162