## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE 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

2015

This Form is Open to Public Inspection

Part I	<b>Annual Report</b>	Identification Information							
For calenda	ır plan year 2015 or fi	scal plan year beginning 01/01/20	)16	and ending 10/31/2	2016				
A This retu	A This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a foreign plan								
<b>B</b> This retu	rn/report is	the first return/report an amended return/report	x the final return/report a short plan year return	n/report (less than 12 months	s)				
C Check b	ox if filing under:	Form 5558 special extension (enter descri	automatic extension ption)	atic extension DFVC program					
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name o				1b	Three-digit plan number (PN)	001			
				1c	Effective date o 01/0	f plan 1/2010			
Mailing	address (include room	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			2b Employer Identification Num (EIN) 91-2017679				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SUCKY BEAVER PRE-SCHOOL				2c	<b>2c</b> Sponsor's telephone number 425-821-5022				
3803 - 115TH AVE. N.E.					2d Business code (see instructions)				
(IRKLAND, V	VA 98034				6110	000			
3a Plan ac	lministrator's name ar	nd address XSame as Plan Sponso	or.	3b	Administrator's	EIN			
A léaba	ana and/an FINI of the					telephone number			
		e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed to		4b EIN				
<b>a</b> Sponso					PN 				
_		at the beginning of the plan year			5a 5b	0			
<ul> <li>Total number of participants at the end of the plan year</li> <li>Number of participants with account balances as of the end of the plan year (defined benefit plans do not</li> </ul>					5c 0				
complete this item)					5d(1)				
			5d(2) 0						
		terminated employment during the			5e	0			
		or incomplete filing of this return							
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	· ·	• •	0	·			
SIGN	Filed with authorized/	/valid electronic signature.	11/21/2016	MOLLY CARSON	GON				
HERE	Signature of plan a	administrator	Date	Enter name of individual signing as plan administrator					

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<b>b</b> 4	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)				X Ye	
C If	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	N	lot dete	ermined
Part	III Financial Information	1									
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) Eı	nd of	Year	
	otal plan assets	. 7a		179	810						0
	otal plan liabilities	. 7b				_					
	Net plan assets (subtract line 7b from line 7a)	. 7c	179810				0				
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(b	) Tota	al	
	1) Employers	. 8a(1)		21	493						
(	2) Participants	8a(2)									
(	3) Others (including rollovers)	8a(3)									
b (	Other income (loss)	. 8b			-50						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2	1443
	Benefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d		201	253						
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								20	1253
<u>i</u> 1	let income (loss) (subtract line 8h from line 8c)	. 8i								-179	9810
j 1	ransfers to (from) the plan (see instructions)	8j									
Part	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the inst	ructio	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare fr	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instri	uction	ns:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Α	moun	t
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c		X					
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
						X					
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					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	he require	d notice or one of the	10h 10i							
j	Did the plan trust incur unrelated business taxable income?			10i 10j							
Part '	VI Pension Funding Compliance			•		•		•			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									☐ Ye	es N
	Enter the unpaid minimum required contribution for all years from						11a				<u>———</u>
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA?	·	Ye	es X N

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," 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 brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

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Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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Complete all entries in accordance with the instructions to the Form 5500-SF.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For caler	ndar plan year 2015 or	r fiscal plan year beginning 01/01/20	<u>n</u>	and onding 40				
1 Or Core.	idai pian your 2010 S.	X a single-employer plan		and ending 10		- this have sevent attach a		
A This r	return/report is for:		a multiple-employer plan (not multiemployer) (Filers checking this box must list of participating employer information in accordance with the form instruct					
		a one-participant plan	a foreign plan			,		
B This re	eturn/report is	the first return/report	X the final return/report	t				
		an amended return/report	X a short plan year retu	um/report (less than 12 r	months)			
C Check	ck box if filing under:	Form 5558	automatic extension	1	DFVC	C program		
		special extension (enter desc						
Part II	Basic Plan Inf	formation—enter all requested in	ıformation					
1a Name		FDI ANI			1b Three-dig			
BUCKIDE	EAVER RETIREMENT	PLAN			plan numt (PN) ▶	ber 001		
					1c Effective of			
2a Plan	sponsor's name (emp	loyer, if for a single-employer plan)			01/01/201 <b>2b</b> Employer	Identification Number		
Mailir	ing address (include roc	om, apt., suite no. and street, or P.C	O. Box)		(EIN) 91-2			
BUCKY BE	or town, state or provin EAVER PRE-SCHOOL	nce, country, and ZIP or foreign post	al code (it foreign, see ins	tructions)	<del></del>	telephone number		
					(	(425) 821-5022		
19809 - 11	ETU AVE NE					code (see instructions)		
13803 - 110	5TH AVE. N.E.				611000			
	D, WA 98034			<u></u>				
3a Plan a	administrator's name a	and address X Same as Plan Spons	sor.		3b Administra	itor's EIN		
					On Administra	tor's telephone number		
A If the								
name	e, EIN, and the plan nu	ne plan sponsor has changed since tumber from the last return/report.	the last return/report nied t	for this plan, enter the	4b EIN			
	sor's name				4c PN			
		s at the beginning of the plan year				2		
b Total	number of participants	s at the end of the plan year			5b	0		
C Numb	per of participants with plete this item)	account balances as of the end of t	he plan year (defined bend	efit plans do not	5c	0		
		articipants at the beginning of the pla			5d(1)	2		
<b>d(2)</b> ⊤ot	tal number of active pa	articipants at the end of the plan yea	ır		5d(2)	0		
e Numt	ber of participants that 100% vested	t terminated employment during the	plan year with accrued be	enefits that were less	5e	0		
Caution: A	A penalty for the late (	or incomplete filing of this return.	n/report will be assessed	uniess reasonable cau	use is established	d		
Under pena SB or Sche	nalties of perjury and oth	ther penalties set forth in the instruct and signed by an enrolled actuary, as	ctions. I declare that I have	examined this return/ret	nort including if a	policable a Schodulo		
SIGN	x Thalle	y Canson	11115/16	* milly	Carson	<del></del>		
HERE	Signature of plan a	dministrator	Date	Enter name of individu		administrator		
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as emp	olover or plan sponsor		
Preparer's	name (including firm na	name, if applicable) and address (inc	lude room or suite numbe	er)	Preparer's teleph	one number		
				L				
9				1				
				į				

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible.</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan can be plan is a defined benefit plan, is it covered under the PBGC</li> </ul>	of an indeper ly and condit nnot use Fo	ndent qualified publicions.)rm rm 5500-SF and me	c accou	ntant (I	QPA)	m 5500		K Yes	s [] N	
Part III Financial Information		rogram (see ERISA	section	4021)	<i>?</i>	Yes	No	∐ Not dete	rmined	
7 Plan Assets and Liabilities					-					
a Total plan assets	051314	(a) Beginni			$\dashv$		(b) Er	d of Year		
b Total plan liabilities		<del></del>	179	610	-				0	
C Net plan assets (subtract line 7b from line 7a)	7b	<del></del>	179	810	+					
8 Income, Expenses, and Transfers for this Plan Year		(a) Am.	_		+				0	
Contributions received or receivable from:	PACE NO. 1	(a) Am	ount		-		(b)	Total		
(1) Employers			214	193						
(2) Participants					0					
(3) Others (including rollovers)		-·								
<b>b</b> Other income (loss)				-50						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1,	F	21443				
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2012	53						
e Certain deemed and/or corrective distributions (see instructions)		•	201200							
f Administrative service providers (salaries, fees, commissions)					+-				100	
g Other expenses					+-					
h Total expenses (add lines 8d, 8e, 8f, and 8g)								201253		
i Net income (loss) (subtract line 8h from line 8c)				8		-179810				
j Transfers to (from) the plan (see instructions)			With the second							
Part IV Plan Characteristics	1 9 1									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2T 3D  B If the plan provides welfare benefits, enter the applicable welfare to										
Part V Compliance Questions						_				
10 During the plan year:				Yes	No	N/A	Γ .			
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a	103	х	INA		Amount		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	dude transactions	10Ь		х	1 -				
C Was the plan covered by a fidelity bond?			10c		х					
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	, that was caused	10d		Х					
e Were any fees or commissions paid to any brokers, agents, or oth	e any fees or commissions paid to any brokers, agents, or other persons by an insurance ier, insurance service, or other organization that provides some or all of the benefits under				х					
f Has the plan failed to provide any benefit when due under the plan			10e		х					
g Did the plan have any participant loans? (If "Yes," enter amount as			10f		-+					
h If this is an individual account plan, was there a blackout period? (			10g		X		···			
2520.101-3.)	**************		10h		X	- 1			. %	
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	Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3						J.E.			
j Did the plan trust incur unrelated business taxable income?			10i						<u> </u>	
Part VI Pension Funding Compliance			,							
11 is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes	," see instructions a	ind com	plete S	chedu	ile SB (	Form	☐ Yes [	——	

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes No

Yes X No

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(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 in granting the waiver.	Month	enter the Day	date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	9 13.		1001		
b Enter the minimum required contribution for this plan year		12b			
C Enter the amount contributed by the employer to the plan for this plan year		12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	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 VIII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	0		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			X Yes No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)		
Part VIII Trust Information	L				
14a Name of trust		<b>14b</b> Tru	ust's EIN		
			<u>-</u>		
14c Name of trustee or custodian		14d Trustee's or custodian's			
Ministration and American			ephone number		
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes	ΠNo		
		_ Design	<del></del>		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	1 1 2	d safe		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu	rrent year	Yes	□No		
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	□	∐ 140		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		entage Average benefit test		
16b 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?	pining	test	No		
17a Has the plan been timely amended for all required tax law changes?		Yes	∏No ∏N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).					
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n	umber				
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	ter the date of th	ne plan's l	ast favorable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	has been slands)?	Yes	□ No		
19 Were in-service distributions made during the plan year?		Yes	No		
If "Yes," enter amount	}	19			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ether or not	Yes	∏No ∏N/A		
- 7-7/-/-	·····				