For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Plan	•	oyee	OMB Nos. 1210-0 1210-0				
	ment of the Treasury al Revenue Service	This form is required to be file	d 4065 of the Employee R							
	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the de).	he Internal This Form is Open to Public Inspection					
	nefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	500-SF.	r ubic inspection				
Part I	Annual Report Ic r plan year 2016 or fisca	lentification Information	016	and ending 02	2/10/2017					
		a single-employer plan		j j		ting this box must attach a	1			
A This retu	Irn/report is for:	a one-participant plan		employer information in ac		-	•			
B This retu	rn/report is	the first return/report an amended return/report	$\stackrel{\textstyle{\textstyle{}}}{\textstyle{\textstyle{\scriptstyle{\scriptstyle{\scriptstyle{}}}}}}$ the final return/repor $\stackrel{\textstyle{\scriptstyle{\scriptstyle{\scriptstyle{}}}}{\textstyle{\scriptstyle{\scriptstyle{\scriptstyle{\scriptstyle{}}}}}}$ a short plan year ret	t urn/report (less than 12 m	onths)					
C Check b	ox if filing under:] Form 5558	automatic extension	1	DFVC p	rogram				
Dort II	Basia Blan Inform	special extension (enter descr	, ,							
Part II		mation—enter all requested inf	ormation		1h Three	o diait				
1a Name of BRUNO'S BU	r pian ICKS 401(K) PLAN				1b Thre plan (PN)	number				
				tive date of plan 07/01/2012						
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number	r			
	town, state or province, MILY RESTAURANT &	country, and ZIP or foreign posta	al code (if foreign, see in	structions)	2c Sponsor's telephone number					
					2d Business code (see instructions)					
PO BOX 519 EATONVILLE	, WA 98328					722511				
3a Plan ad	ministrator's name and	address 🗙 Same as Plan Spor	ISOT.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone numb	ber			
4 If the na	ame and/or EIN of the r	lan sponsor has changed since	the last return/report files	for this plan, enter the	4b EIN					
	EIN, and the plan numb	per from the last return/report.			4C PN					
·		the beginning of the plan year			5a		11			
-		the end of the plan year			5b		0			
C Numbe	r of participants with ac	count balances as of the end of t	the plan year (only define	ed contribution plans	5c		0			
	,	cipants at the beginning of the pla			5d(1)		9			
• • •	•	cipants at the end of the plan yea			5d(2)		C			
e Numbe	er of participants that te	rminated employment during the	plan year with accrued b	penefits that were less	5e		C			
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assesse	d unless reasonable cau						
SB or Scheo		r penalties set forth in the instruc signed by an enrolled actuary, a ete.								
		lid electronic signature.	08/31/2017	JIM CROSS						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN	· · ·									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan spons	sor			
Preparer's n	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	ber)	Preparer's	telephone number				
		see the Instructions for Form 5500				Form 5500-SF (20				

	Were all of the plan's assets during the plan year invested in eligib		· /					X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes 🗌 No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year			
а	Total plan assets	7a		18567				0			
b	Total plan liabilities	7b						0			
С	Net plan assets (subtract line 7b from line 7a)	7c		18567				0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total			
а	Contributions received or receivable from:			616							
	(1) Employers	8a(1)		2463	_						
	(2) Participants	8a(2)		2403							
	(3) Others (including rollovers)	8a(3)		1667							
	Other income (loss)	8b		1007	-						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4746			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		20403							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		2910							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						23313			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-18567			
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D	feature co	des from the List of Pl	an Chai	acteri	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cteris	tic Coc	les in t	he instructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period								

-					
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	X		7000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x	
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 of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	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	10i			

Part	VI	Pension Funding Compliance									
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No			
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a						
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			Yes X						
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					·· 🖵				
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling			
	<u> </u>	ting the waiver			_ Day	′	Year _				
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1					
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 (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	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Ye	s N	lo			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No			
C		uring 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 p	olan(s)	to						
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)			
Part	VIII	Trust Information									
		of trust			14b Trust's EIN						
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number						
					I	leiepho	ne number				
Par	LIV	IRS Compliance Questions									
Fai							Π				
15a	Is the	plan a 401(k) plan? If "No," skip b	🛛	Yes			No				
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:			ign-based "Prior year" ADI harbor test						
				"Curre ADP t	P test N/A						
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	centage Average N/A						
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No				
	the le		-								
	letter		nter the	date o	of the m	lost rec	ent determi	nation			
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa ce?		rom	Yes	s [No				
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No				

Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						OMB Nos. 1210-0110 1210-0089				
	partment of the Treasury nternal Revenue Service	This form is required to b	e filed under sections 104 a	nd 4065 of the Employ	ee –	20	016			
	Department of Labor. Benefits Security Administration	Retirement Income Security	Act of 1974 (ERISA), and so nternal Revenue Code (the		This Form is Open to Publi Inspection					
		Complete all entries in a		ctions to the Form 55	00-SF.					
Part	and the second sec	dentification Information	1 07/01/2016		00.44)/2017				
FOF Care	ndar plan year 2016 or fisci I			and ending			with attach			
	return/report is for: return/report is:	x a single-employer plan a one-participant plan the first return/report		an (not multiemployer) mployer information in						
		an amended return/report	x a short plan year retur	n/report (less than 12 i	months)					
C Che	ck box if filing under:] /Form 5558] special extension (enter desc	automatic extension			FVC program				
Part	Basic Plan Infor	mation enter all requested								
1a Na	me of plan uno's Bucks 401(k)		Information		(PN) 1c Effect	number	001 Jan			
		er, if for a single-employer plan) n, apt., suite no. and street, or P	.O. Box)		2b Emp		ation Number			
Cit	y or town, state or province uno's Family Resta	, country, and ZIP or foreign pot	tal code (if foreign, see insti	uctions)	(EIN) 26-2071720 2c Sponsor's telephone number (253) 255-2071					
PC	Box 519				2d Business code (see instructions) 722511					
17.0	Eatonville WA 98328									
		I address 🗵 Same as Plan Sp		nr this plan, enter the		ninistrator's El	N Iephone number			
na	me, EIN, and the plan num	per from the last return/report.	the last returnineport med h	n this plan, enter the						
	onsor's name				4c PN		11			
		t the beginning of the plan year					0			
C Nu	mber of participants with a	t the end of the plan year ccount balances as of the end o	the plan year (only defined	contribution plans	. 50 .5c		0			
		cipants at the beginning of the p			·		9			
• • •		cipants at the end of the plan ye			5-1(0)		0			
NU		rminated employment during the		efits that were	5e					
Cautio	n: A penalty for the late of	r incomplete filing of this retu	rn/report will be assessed	unless reasonable c	ause is estat	blished.				
Under SB or	penalties of periury and oth	er penalties set forth in the instr d signed by an enrolled actuary	uctions. I declare that I have	examined this return/r	report, includi	ng, if applicat	ble, a Schedule nowledge and			
SIGN	Amst	in		Jim Cross						
HERE		nistrator	Date 83117	Enter name of individ	ual signing as	s plan admini:	strator			
SIGN	(Anno)	uss		Jim Cross						
HERE	We are the same an entry the state of the st	plan sponsor	Date \$31/17	Enter name of individ	ual signing as	s employer or	plan sponsor			
		ame, if applicable) and address	(include room or suite numb	er)		stelephone n 113 questio				

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									No		
b												
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
-								—				
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	n 402	1)?	••••••	_ Yes	∐ No		etermined		
	art III Financial Information		r									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r	_		(b) End	of Year			
a	Total plan assets	7a	1	.8,5	67	-						
b	Total plan liabilities	7b							0			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		18,5	67	-				0		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) T	otal			
u	(1) Employers	8a(1)		6	16							
	(2) Participants	8a(2)		2,4	63							
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		1,6	67							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	,746		
d	Benefits paid (including direct rollovers and insurance premiums	64		20,4	03							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	2	40,4	03							
e f	Administrative service providers (salaries, fees, commissions)	8e 8f		2,9	10							
<u> </u>				275	10							
g h	Other expenses	8g 8h				-			23	,313		
	Net income (loss) (subtract line 8h from line 8c)	8i		(18,567)								
+	Transfers to (from) the plan (see instructions)	8j							(107)			
J D	Int IV Plan Characteristics	၂၂										
_		atura aada	a from the List of Dian Ch	oraci	oriatio	Cada	a in the	inotructi				
Ja	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D			alaci	ensuc	Code	SIIIUIE		0115.			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the	instructio	ns:			
Ρά	art V Compliance Questions											
<u>10</u>	During the plan year:				Yes	No	N/A		Amount			
а												
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	luciary Correction			v						
b	Program)			10a		х						
N.	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 			10b		x						
C	C Was the plan covered by a fidelity bond?									7,000		
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x						
e												
	carrier, insurance service, or other organization that provides some			10e		v						
						x						
	f Has the plan failed to provide any benefit when due under the plan?					x						
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x						
h	· · · · · · · · · · · · · · · · · · ·			4.00								
	2520.101-3.)	••••••		10h		х						

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Part	1/1	Dension Funding Compliance						
11		Pension Funding Compliance		2 a la a al vil a		T		
		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500 and line 11a below)					Yes 🛛	K No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Yes	K No
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the dat Day		letter ru ear	ling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter th	ne minimum required contribution for this plan year.		, 12b				
С	Enter th	he amount contributed by the employer to the plan for the plan year		, 12c				
d	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)							
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		. [Yes	No		I/A
Part	VII	Plan Terminations and Transfers of Assets						
_13a	Has a r	esolution to terminate the plan been adopted in any plan year?		,	X Yes	s 🗌	No	
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year		. 13a				0
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?			x	Yes		C
С	lf, durir	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi issets or liabilities were transferred. (See instructions.)						
1:	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		1:	Bc(3) PN	(S)
Part		Trust Information - Skip These Questions						
	Name			14	0 Trust's			
170	Name			'-	Unusis			
14c	Name	of trustee or custodian		14	14d Trustee or custodian's telephone number			
Part	IX	IRS Compliance Questions - Skip These Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No	
15b		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior y test	ear" ADP
	. , .			"Curren ADP te:			N/A	
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age 🗌	Aver bene	age fit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No	
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS/ and serial number	opinion I	etter or a	advisory I	etter, er	iter the c	late of
17b	If the pl	an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the d	ate of th	e most re	ecent de	terminat	ion
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?			Yes	s 🗌	No	
19		y plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••		Yes	s 🗌	No	