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 section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	Complete all entries in accompanies.	ordance wit	h the instructions to the Form 550	0-SF.	•				
	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/20	009	and ending 1	2/31/2	2009				
Α -	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
В -	This return/report is for: first return/report	final retu	n/report						
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)					
C	Check box if filing under: Form 5558	automatio	extension	DFVC program					
	special extension (enter descrip	ution)							
Pa	Irt II Basic Plan Information—enter all requested infor	•							
	Name of plan	mation		1h	Three-digit				
	(Y PET, INC. 401(K) PLAN				plan number				
					(PN) • 001				
				1c	Effective date of plan				
0-				01.	01/01/1998				
	Plan sponsor's name and address (employer, if for single-employ Y PET, INC.	er plan)		2D	Employer Identification Number (EIN) 91-1406250				
LOOI	(1721, 1140.			2c	Plan sponsor's telephone number				
	OX 24641				206-287-0175				
SEAT	TTLE, WA 98124			2d	Business code (see instructions)				
32	Dian administrator's name and address (if same as Dian ananor	antar "Com	2"\	2h	339900 Administrator's EIN				
	Plan administrator's name and address (if same as Plan sponsor, Y PET, INC. PO BOX 2		=)	30	91-1406250				
		WA 98124		3с	Administrator's telephone number				
					206-287-0175				
	f the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spon		eport filed for this plan, enter the	4b	EIN				
'	iame, Em, and the plannamber nom the last return/report. Opon	301 3 Harric		4c	4c PN				
5a	Total number of participants at the beginning of the plan year			5a	22				
b	Total number of participants at the end of the plan year			5b	22				
С	Total number of participants with account balances as of the end	of the plan	vear (defined benefit plans do not						
	complete this item)			5c	9				
	Were all of the plan's assets during the plan year invested in elig				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 6a or 6b, the plan cannot use	•	•						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	136369	9	160859				
b	Total plan liabilities		0)					
С	Net plan assets (subtract line 7b from line 7a)		136369)	160859				
8	Income, Expenses, and Transfers for this Plan Year	-	(a) Amount	(b) Total					
а	Contributions received or receivable from:		(3) 1 1112 2111		(ii) ve iiii				
	(1) Employers	8a(1)	C)					
	(2) Participants	8a(2)	10116	3					
	(3) Others (including rollovers)	8a(3)	C	0					
b	Other income (loss)	8b	35780	0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			45896				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21406	5					
е	Certain deemed and/or corrective distributions (see instructions)	8e	C						
f	Administrative service providers (salaries, fees, commissions)		C						
g	Other expenses	8g	C)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				21406				
i	Net income (loss) (subtract line 8h from line 8c)				24490				
i	Transfers to (from) the plan (see instructions)		C)					

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

	r the plant provides werrare benefits, enter the applicable werrare reature codes from the cist of Fran Char					54,0110.	
art	V Compliance Questions						
0	During the plan year:		Yes	No		Amour	nt
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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				25000
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		X			
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				734
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				10558
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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					
art	/I Pension Funding Compliance						
1	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))						es X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?	. Y	es X No
	(If "Yes," complete 12a or 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 instrugranting the waiver	nth					
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•	Г				
b	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	/II Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 control						es X No
С							
1	13c(1) Name of plan(s):				3c(2) EIN(s)		:(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le car	ıse is	estahl	ished		
Jnde SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.	urn/re	port, in	cludin	g, if applic		

SIGN	Filed with authorized/valid electronic signature.	07/16/2010	KIM WILSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/16/2010	KIM WILSON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 section 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

2009

This Form is Open to Public Inspection.

P	art II Annual Report Identification Information								
	the calendar plan year 2009 or fiscal plan year beginning	2009	-01-01	and ending	200	19-12-31			
	This return/report is for: 🕱 single-employer plan	muitiple-e	mp loyer plan (not m		П	one-participant plan			
_	This return/report is for:	final return		, ,	1	the policy of th			
	☐ an amended return/report ☐			ices than 12 month	·n\				
_			year return/report (ess man 12 monu	(S)				
•		automatic	eimensaun		L.,	OFVC program			
	special extension (enter description				·······				
	art III Basic Plan Information — enter all requested infor	mation.							
Ia	Name of plan					hree-digit lan number			
	Lucky Pet, Inc. 401(k) Plan					(PN) ▶ 301			
					10 E	ffective date of plan			
72	Dian pagement as and addings for the same of the same					998-01-01			
~4	Plan sponsor's name and address (employer, if for single employer pl Lucky Pet, Inc.	an)		100		imployer Identification Number EIN) 91-1406250			
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	lan sponsor's telephone number			
	PO Box 24641			Î	(206) 287-0175				
US.	Seattle Wa 98124			-		usiness code (see instructions)			
3a	Plan administrator's name and address (if same as plan employer, ar	iter 'Same'	)			39900 dministrator's EIN			
	Same		<i>'</i>	algenology					
					30 4	dministrator's telephone number			
				e e e e e e e e e e e e e e e e e e e	W /	Carrier and a residence to tentificate			
4	If the name and is Six of the plan appearance in the state of the stat				AL				
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return. Sponsor's Name	t returnereç '	on filed for this plan	i, anter the	4 <b>b</b> EIN				
					4c P	N			
	Total number of participants at the beginning of the plan year				5a	22			
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the				<u>5b</u>	22			
•	complete this item)	e pan yea	r (desined benefit pi	ans do not	5c	9			
Sa	Were all of the plan's assets during the plan year invested in eligible					XYes No			
þ	Are you claiming a waiver of the annual examination and report of an	independe	nt qualified public a	ccountant (IQPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6s or 6b, the plan cannot use Forn				• •	XYes No			
De	int III Financial Information	1 3000-31	and most instead t	ase Form 3500.					
7	Plan Assets and Liabilities	100000	(-)		T	(5.5 Mar. 1.5 a. 2.5 A. 5 a. 1.5 a. 1			
a	Total plan assets	And the second	(a) degiiii	ning of Year	+	(b) End of Year			
b	Total plan liabilities	7a		136,369	<del> </del>	160,859			
	* * * ! ! * * * ! ! * * * ! .	7b		0	-				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		136,369	+	160,859			
a	Income, Expenses, and Transfers for this Plan Year		(a) A	mount		(b) Total			
CI.	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	3a(2)		10,116					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8 <b>b</b>		35,780	1				
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8 <b>c</b>			1	45,896			
đ	Benefits paid (including direct rollovers and insurance premiums					OF THE RESERVED FOR			
	to provide benefits)	84		21,406					
9	Certain deemed and/or corrective distributions (see instructions)	8 <b>e</b>		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8 <b>g</b>		0	1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	3h				21,406			
Ĭ	Net income (loss) (subject line 8h from line 8c)	81				24,490			
ì	Transfers to (from) the plan (see instructions)	91		^					

	Form 5500-SF (2009)	P	age 2-						
Par	TIV Plan Characteristics				***************************************			**************************************	
	If the plan provides pension benefits, enter the applicable pension fea 2E 2J 2F 3D If the plan provides welfare benefits, enter the applicable welfare feat.								***************************************
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Aı	mount	
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest?	ny Correction Program	)	10a		x			
	on line 10a.)	* * * * * * * *		10b		х		***************************************	
C	, , , , , , , , , , , , , , , , , , , ,			10c	x			25	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	*	*	10d		x			
e	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)	f the benefits under the	plan? (See	10e	x				734
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	x			10	,558
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)		CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			101					
	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	•				•	-	∐Yes 🗓	∐No
12 a	Is this a defined contribution plan subject to the minimum funding re (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being granting the waiver , , , , , , , , , , , , , , , , , , ,	ble.) amortized in this plan	yəar, see instructi	ons, a	nd ente	er the c	date of the le		
b	Enter the minimum required contribution for this plan year					125			
ď		,			•	12c 12d			**************************************
A	Will the minimum funding amount reported on line 12d be met by th	a funding deadline?		• •	٠ ـــــ		☐Yes I	□No □	N/A
Par	tVIII Plan Terminations and Transfers of Assets	e running deadline: .		<u> </u>	<del></del>	<del></del>	Lipport 1		
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	?					Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the em				[	13a			<del>/////////////////////////////////////</del>
b	of the PBGC?					ol		☐Yes 🗷	]No
	which assets or liabilities were transferred. (See instructions.)		w., w, , , , , , , , , , , , , , , , , ,	, , , ,	,				
	13c(1) Name of plan(s):			-	13	c(2) El	N(s)	13c(3) PN	(\$)
				<u> </u>					***************************************
					~1345.445.4444.44	***************************************			
Jnde S <b>B</b> o	ion: A penalty for the late or incomplete filling of this return/report or penalties of perjury and other penalties set forth in the instructions, it is schedule MB completed and signed by an enrolled actuary, as well a	declare that I have exa	mined this return/	report,	includ	ling, if	applicable, a	Schedule edge and	······································
SIC	Vian Via Da PA								
	RE Signature of play administrator					ng as i	olan adminis	trator	
SIC			Kins II	-	21	Mainten 1		***************************************	
	IERE Signature of employer/plan sponsor  Date 7-13 70 Enter name of individual signing as employer or plan sponsor								