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.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/2	2009	
Α .	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 m	onths)		
С	Check box if filing under:	automatic	extension		DFVC progra	ım
	special extension (enter description					
Pa	art II Basic Plan Information—enter all requested informa					
	Name of plan	ation		1b	Three-digit	
	RDONNAY BEAUTY & DAY SPA 401(K) PROFIT SHARING PLAN				plan number	004
					(PN) ▶	001
				1c	Effective date of 07/01/2	
22	Plan sponsor's name and address (employer, if for single-employer)	nlan)		2h	Employer Identif	
	RDONNAY BEAUTY & DAY SPA	piari)		25	(EIN) 91-1742	
				2c		elephone number
	.112TH STREET EAST ALLUP, WA 98373			0-1	253-840	
1 0 17	ALLO1 , WA 90070			2 a	Business code (812112	,
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's I	
CHA	RDONNAY BEAUTY & DAY SPA 6825 112TH \$ PUYALLUP, \				91-1742	
	FOTALLOF, V	WA 90373		3с	Administrator's t	elephone number
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN	J - 0064
	name, EIN, and the plan number from the last return/report. Sponsor		per med for and plant, error and	70	LIIV	
_					PN	
5a	Total number of participants at the beginning of the plan year			- 5a		16
b	Total number of participants at the end of the plan year			5b		15
С	Total number of participants with account balances as of the end of complete this item)			. 5c		9
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No
	Are you claiming a waiver of the annual examination and report of a		'			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
	art III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year	20	(b) End	
a	Total plan issets	7a	11552			104912
D	Total plan liabilities	7b		23		104912
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	11479	99	(L) T	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai
u	(1) Employers	8a(1)	67	77		
	(2) Participants	8a(2)	118	4		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	1289	91		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				25382
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3526	69		
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				35269
i	Net income (loss) (subtract line 8h from line 8c)	8i				-9887
i	Transfers to (from) the plan (see instructions)					

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Part IV	Plan	Charac	teristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2J 2K 3E

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
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	Χ					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					352
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				
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	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?.	. [Yes	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 instruction granting the waiver. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
_	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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 u of the PBGC?	nder 	the co	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							
01								

HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN	Filed with authorized/valid electronic signature.	10/11/2010	CHERRY NYBO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2010	CHERRY NYBO

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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection.

Internal Revenue Code (the Code).

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

F	art Annual Report Identification Information				<u> </u>	
_	the calendar plan year 2009 or fiscal plan year beginning	2009-	-01-01	and ending	200	9-12-31
	This return/report is for: x single-employer plan	multiple-ei	nplover plan (r	not multiemployer)		one-participant plan
	This return/report is for:	final return		, , , , , , , , , , , , , , , , , , ,	<u> </u>	one-panicipant plan
	an amended return/report		•	oort (less than 12 mont	201	
^	Check box if filling under: x Form 5558			on hess man 12 mond	15)	DE1/0
C	-	automatic	extension		<u> </u>	DFVC program
-	special extension (enter description					
	art II Basic Plan Information enter all requested information	rmation.			41.	
ıa	· •					hree-digit lan number
	CHARDONNAY BEAUTY & DAY SPA 401(K) PROFIT SHAR	RING PLA	1		(F	PN) ▶ 001
						ffective date of plan
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)				mployer Identification Number
	CHARDONNAY BEAUTY & DAY SPA	,				EIN) 91-1742974
	6825 112TH STREET EAST					lan sponsor's telephone number
	0023 IIZIN SIREEI EAST					253) 840-0684 usiness code (see instructions)
	PUYALLUP WA 98373					12112
3а	Plan administrator's name and address (If same as plan employer, er Same	nter "Same")		3b A	dministrator's EIN
					3c A	dministrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	st return/rep	ort filed for this	plan, enter the	4b E	IN
	name, EIN and the plan number from the last return. Sponsor's Name)			4c P	N
5a	Total number of participants at the beginning of the plan year				5a	16
b	Total number of participants at the end of the plan year				5b	15
С	Total number of participants with account balances as of the end of the	ne plan year	(defined bene	fit plans do not	F	_
6a	complete this item)	esets? (Se	e instructions)	• • • • • • •	5c	9 • • • • X Yes No
b	Are you claiming a waiver of the annual examination and report of an				• • •	Lifes Lino
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	.)			XYes No
-	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF a	and must inste	ead use Form 5500.		
Pa	rt III Financial Information	an week				
′ ~	Plan Assets and Liabilities	100 发系	(a) Be	eginning of Year	_	(b) End of Year
_	Total plan assets	. 7a		115,522		104,912
	Total plan liabilities	·		723	-	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		114,799	-	104,912
5	Income, Expenses, and Transfers for this Plan Year			a) Amount	- J. ac 800	(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		677		
	(2) Participants	8a(2)		11,814		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	. 8b		12,891		国内在19 11年10日本省
c.	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				25,382
d	Benefits paid (including direct rollovers and insurance premiums					
_	to provide benefits)	8d		35,269	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e f	Certain deemed and/or corrective distributions (see instructions)	8e				
а 1	Administrative service providers (salaries, fees, commissions) Other exponent	8f				
g	Other expenses	8g				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				35,269
	Net income (loss) (subject line 8h from line 8c)	81				(9,887)
	Transfers to (from) the plan (see instructions)	8j			0.3880	

Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feat	ture codes from the List	of Plan Characteristic	Codes	in the i	nstructions:	
h	2E 2F 2J 2K 3E If the plan provides welfare benefits, enter the applicable welfare featu	ura and an from the Liet.	of Blan Characteristic C	adaa i	n tha in	otractions	
J	Title plan provides wellare benefits, enter the applicable wellare leatu	ire codes from the List	or Flam Characteristic C	oues i	!! «!!ម #!	Structions.	
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	Ar	nount
а	Was there a failure to transmit to the plan any participant contribution				x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (,		 			
	on line 10a.)			ļ	х		
С	Was the plan covered by a fidelity bond?		40.	x			25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid				 		-
	or dishonesty?				x		
е	Were any fees or commisions paid to any brokers, agents, or other p	persons by an insuranc	e carrier,				
	insurance services or other organization that provides some or all of instructions.)			x			35:
f	Has the plan failed to provide any benefit when due under the plan?			1	х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of				x	"	
9 h					-		ealister en arm
	2520.101-3.)				x		
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3						
	t VI Pension Funding Compliance						7
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))						Yes X No
12	Is this a defined contribution plan subject to the minimum funding re-						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate	·					
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	year, see instructions, a	nd ent	ter the (date of the le	tter ruling
	granting the waiver				Day	' Y	ear
	you completed line 12a, complete lines 3, 9, and 10 of Schedule M			Г	12b		
b	Enter the minimum required contribution for this plan year				12c		
c d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the	•		·	120		
u	negative amount)	•	•	. L	12d		
_ е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline? .				Yes [□No □N/A
Part	VII Plan Terminations and Transfers of Assets						
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	ployer this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, to	ransferred to another p	lan, or brought under th	e cont	trol		
С	of the PBGC?	this plan to spother pl	an(a) identify the plan(s		• •		Yes X No
·	which assets or liabilities were transferred. (See instructions.)	i tilis pian to another pi	an(s), identity the plants	5) 10			
	I3c(1) Name of plan(s):			13	3c(2) E	IN(s)	13c(3) PN(s)
						· · · · · · · · · · · · · · · · · · ·	<u> </u>
	on: A penalty for the late or incomplete filing of this return/report						
	penalties of perjury and other penalties set forth in the instructions, I on Schedule MB completed and signed by an enrolled actuary, as well as						
	it is true, correct, and complete.						
SIG	N Cherry & Myla		Cherry	Nu	$db\partial$		
HE		Date 0 670	Enter name of individu	al sign	ing as	plan adminis	trator
SIG	17 WANA. W//9/1/A/		Charry	No	100	ز	
HE		Date/0-10	Enter name of individu	al sigr	ing as	employer or	plan sponsor

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Form 5500-SF (2009)

Form **5558** (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

A	Name of filer, plan administrator, or plan sponsor (see instructions) CHARDONNAY BEAUTY & DAY SPA	B				ying number itification num		ctions).
	Number, street, and room or suite no. (If a P.O. box, see instructions.)		9	1-1	7429	74		
	6825 112TH STREET EAST	\Box	So	cial	security	number (SS	N)	
	City or town, state and ZIP code	- 1						
	PUYALLUP WA 98373				—т			
С	Plan name			an nbe		MM Pla	n year end	
			, iui	11100	1	141 141	1 00	YYYY
	CHARDONNAY BEAUTY & DAY SPA 401(K) PROFIT SHA	0	1	ا ا 0	1	10	34	2000
	- STEED CONTROL OF ANY DEAR WOLLK / PROPERTY OF ANY	- °	 -	<u>U </u>		12	31	2009
:			1	1			İ	
								
;	3		1	1			ļ	
	Extension of Time to File Form 5500 or Form 5500-EZ	,			,			
Ш	Extension of Time to File Form 5500 or Form 5500-EZ (see insi	truc	tior	is)			
	request an extension of time until 10 / 15 / 2010 to 515 5	FEO.			- 550	o F==7		
	I request an extension of time until 10 / 15 / 2010 to file F	om 5500	or or	For	n 5500	0-EZ.		
	The application is automatically approved to the date shown on line 1 (above	uo\ ift (a\	tha		~ ===	Dia filadiani	or bafara th	_
	normal due date of Form 5500 or 5500-EZ for which this extension is request							
	months after the normal due date.	iou, anu (ט נט	ie u	al e UII	iiile i is iio	more the 2	1/2
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E	EZ filed a	fter	the	due d	late for the	plans liste	d in C above
te.						ate for the	plans liste	d in C above
	A signature is not required if you are requesting an extension to file Form 550					ate for the	plans liste	d in C above
						ate for the	plans listed	d in C above
ar	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions)	0 or Form	1 55·			ate for the	plans listed	d in C above
air	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	0 or Form	n <u>55</u> 0	00-Е	Z			d in C above
ir	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions)	0 or Form	n <u>55</u> 0	00-Е	Z			d in C above
li	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	0 or Form	n <u>55</u> 0	00-Е	Z			d in C above
ar	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	0 or Form Form 5330 ofter the n	n <u>55</u> 0	00-Е	Z			d in C above
a	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until to file F you may be approved for up to a six (6) month extension to file Form 5330, a Enter the Code section(s) imposing the tax	0 or Form Form 5330 ofter the n	n <u>55</u> 0	00-Е	Z			d in C above
ar	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until to file Form 5330, a group to a six (6) month extension to file Form 5330, a	0 or Form Form 5330 ofter the n	n <u>55</u> 0	00-Е	Z			d in C above
an a b	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat		330.	d in C above
a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat		330.	d in C above
ari a b	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
ari a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
ar a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
ar a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
ar 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
ari 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
ar 2 a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above
ari a b	A signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	or Form form 5330 form the n). orm	al de	ue dat	e of Form 50	330.	d in C above