	Form 5500-SF	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit		2009					
Department of Labor         Retirement Income Security Administration           Employee Benefits Security Administration         Internal Revenue Code (the Code).						This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
	Part I Annual Report Identification Information									
	calendar plan year 2009 or fisca				3/31/2					
	This return/report is for:		final retur	mployer plan (not multiemployer)		one-participant plan				
в	This return/report is for:			i year return/report (less than 12 mor	nthe)					
c	Check box if filing under:	Form 5558		extension	1013)	DFVC program				
		special extension (enter descriptio								
Pa	art II Basic Plan Inform	<b>nation</b> —enter all requested information								
	Name of plan				1b	Three-digit				
HUSI	KY ICE CREAM, INC. PROFIT	SHARING PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						04/01/1984				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1098226				
	CALIFORNIA AVENUE, S.W.				2c	Plan sponsor's telephone number 206-937-2810				
	TTLE, WA 98116-4412				2d	Business code (see instructions) 445299				
	Plan administrator's name and KY ICE CREAM, INC.	address (if same as Plan sponsor, er 4721 CALIFC			3b	Administrator's EIN 91-1098226				
	,	SEATTLE, W		3c	Administrator's telephone number 206-937-2810					
		in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponsor	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	10				
b	Total number of participants at	the end of the plan year			5b	10				
С	· · ·	th account balances as of the end of		<b>`</b>	5c	6				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No				
b		e annual examination and report of a								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	rt III Financial Informa		1							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	•		7a	108570		150096				
b	•		7b	100570	_	450000				
<u> </u>		'b from line 7a)	7c	108570	<u>'</u>	(b) Total				
o a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
ŭ			8a(1)							
	(2) Participants		8a(2)		_					
		)	8a(3)		4					
b	( )	0 - (0) 0 - (0) 0 - 0	8b	41526		44500				
c d		8a(2), 8a(3), and 8b) rollovers and insurance premiums	8c			41526				
u			8d							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f							
g	•		8g							
h :		Be, 8f, and 8g)	8h		_	0				
i		e 8h from line 8c) ee instructions)				41526				
J			8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2-1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2H 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	the plan year:		Yes	No		A			
<b>a</b> Wast						Αmoι	int		
	here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x					
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
<b>c</b> Was	Was the plan covered by a fidelity bond?								
	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud nonesty?	10d		X					
insura	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.)								
f Has th	Has the plan failed to provide any benefit when due under the plan?								
<b>g</b> Did th	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
	is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		x					
	was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part VI F	Pension Funding Compliance								
11 Is this									
(If "Ye	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> <li>Month Day Year</li> </ul>									
If you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
<b>b</b> Enter	b Enter the minimum required contribution for this plan year								
	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 th	e 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	Has a resolution to terminate the plan been adopted during the plan year or any prior year?								
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
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) N	ame of plan(s):		130	c(2) EII	N(s)	1	3c(3)	PN(s)	
. /								. ,	
Caution: A	Caution: A penalty 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 version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/16/2010	JOHN H. MILLER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	and a second							
		Short Form Annual	ual Return/Report of Small Employ Benefit Plan			, C	0MB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is require		This form is required to be fi	filed under sections 104 and 4065 of the Employee			2009		
Department of Lebor Retirement Income Security			Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open to Public		
		Complete all entries in acco	ordance with	n the instructions to the Form 5	500-SF.	Inspection F.		
P		tification Information						
For	calendar plan year 2009 or fiscal pl		04/01/2			03/31/201		
Α	This return/report is for:	ingle-employer plan	·	mployer plan (not multiemployer)		one-participar	nt plan	
В				n/report				
		an amended return/report	short plar	) year return/report (less than 12 r	nonths)	_		
С	Check box if filing under: X F	Form 5558	automatic	extension		DFVC program	m	
	s	special extension (enter descrip	tion)					
		tion-enter all requested infor	mation					
1a	Name of plan Husky Ice Cream, Inc.	Brofit Charing Dl	3.0		1b	Three-digit plan number		
	nusky ice cream, inc.	. FIGLIC Shalling Fi				(PN)	001	
					1c	Effective date of		
				······································		04/01/1984		
2a	Plan sponsor's name and address Husky Ice Cream, Inc.	(employer, if for single-employ	er plan)		2b	Employer Identifi		
	-				20	(EIN) 91-1098226 2c Plan sponsor's telephone number		
	4721 California Avenu	1e, S.W.				(206) 937-2810		
		, ····			2d	Business code (s	see instructions)	
3a	<u>Seattle</u> Plan administrator's name and add	tress (if same as Plan sponsor	enter "Same	WA 98116	35	Administrator's E		
	Same		oner ound		00	Administrator s L		
					3c	Administrator's te	elephone number	
4	If the name and/or EIN of the plan s	ponsor has changed since the	last return/re	port filed for this plan, enter the	b EIN			
	name, EIN, and the plan number fro							
52	Total number of participants of the	boging of the star upper				PN		
-	5a Total number of participants at the beginning of the plan year						1(	
	b Total number of participants at the end of the plan year					1	10	
					<mark>5b</mark>		) <b>L</b>	
c	Total number of participants with a complete this item)	account balances as of the end	of the plan y	ear (defined benefit plans do not	-			
с 6а	Total number of participants with a complete this item)	account balances as of the end	of the plan y ible assets?	ear (defined benefit plans do not (See instructions.)	5c			
с 6а	Total number of participants with a complete this item) Were all of the plan's assets durin Are you claiming a waiver of the a	account balances as of the end ng the plan year invested in elig annual examination and report of	of the plan y ible assets? of an indeper	ear (defined benefit plans do not (See instructions.)	5c		( X Yes No	
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Page 2

Form 5500-SF 2009

Part IV **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E2H3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes In the instructions: h Part V **Compliance Questions** Yes No Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in а х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported h 10b х on line 10a.)..... 10c х Was the plan covered by a fidelity bond?..... Ĉ d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х 10d or dishonesty? ..... 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 Х 10e instructions.) ..... f Has the plan failed to provide any benefit when due under the plan? ..... х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h х 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3 10 Pension Funding Compliance Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 Yes 🕅 No 5500))..... x 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 12 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Year Day \_ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year.... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d d negative amount) No N/A Yes e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Plan Terminations and Transfers of Assets Part VII X Yes No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? 13a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control b Yes X No of the PBGC?..... 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(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Caution: A penalty for the late or incomplete filling 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 version of this return/report, and to the best of my knowledge and belief, it is true, corject, and complete. . .

	Tohn A Millan	11	/1/	/1	John H. Miller
SIGN HERE	of Allow a failer administrator	Date	/	·	Enter name of individual signing as plan administrator
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SIGN					
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