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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.			
		ntification Information						
For	calendar plan year 2010 or fiscal pl	lan year beginning 04/30/20	10	and ending 1	2/31/2	2010		
Α.	This return/report is for: \square s	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	irst return/report	final retur	n/report		_		
	Па	an amended return/report	short plar	n year return/report (less than 12 mo	nths)			
С	Check box if filing under:	Form 5558	automatic	cextension		DFVC progra	.m	
_	special extension (enter description)							
Do			,					
		tion—enter all requested inforn	nation		1h	Three-digit		
	Name of plan SHINE KIDS JUVENILE PRODUCT	TS LLC 401(K) PLAN			טו	plan number	i	
0014	OF MINE KIDO OOVENIEE F KODOO	10 LLO 401(IV) 1 LAIV				(PN) ▶	001	
					1c	Effective date of	plan	
						04/30/2	010	
	Plan sponsor's name and address		r plan)		2b	Employer Identif		ımber
SUN	SHINE KIDS JUVENILE PRODUCT	TS LLC				(EIN) 59-3593		
3104	142ND AVE E., SUITE 105				2C	Plan sponsor's t	elephone	number
	NER, WA 98390				2d	Business code (see instru	ctions)
						423990	JCC IIIOti di	otionoj
3a	Plan administrator's name and add	dress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's E	ΞIN	
SUN	SHINE KIDS JUVENILE PRODUCT	TS LLC 3104 142NE SUMNER, V) AVE E., S VA 98390	SUITE 105		59-3593		
					3c	Administrator's t		number
4 1	f the name and/or EIN of the plan s	enoneor has changed since the la	est return/re	aport filed for this plan, enter the	4b EIN			
	name, EIN, and the plan number fro			port med for this plan, effect the	40	EIIN	-	-
	•				4c	4c PN		
5a	Total number of participants at the	e beginning of the plan year			5a	15		
b	Total number of participants at the	e end of the plan year			5b			17
С	Total number of participants with a	account balances as of the end of	of the plan y	vear (defined benefit plans do not				
	complete this item)				5c			11
6a	Were all of the plan's assets during	ng the plan year invested in eligil	ole assets?	(See instructions.)			X Yes	s No
b				ndent qualified public accountant (IQ			X Va	. П ма
	•	• •		ions.)			^ Yes	s No
Pa	rt III Financial Information		OHII 3300-	SF and must instead use Form 55	00.			
7	Plan Assets and Liabilities	<u> </u>		(a) Basinning of Voca		(b) End	of Voor	
-	Total plan assets		7-	(a) Beginning of Year)	(b) End	OI Teal	162679
	. otal plan according		<u>7a</u>					
b	Total plan liabilities			()			162679
<u></u>	Net plan assets (subtract line 7b fr		7с					102070
8	Income, Expenses, and Transfers			(a) Amount		(b) T	otal	
а	Contributions received or receivab (1) Employers	DIE Trom:	8a(1)	19661				
	(2) Participants			36925	5			
	(3) Others (including rollovers)							
b	Other income (loss)		1	20333	3			
_	Total income (add lines 8a(1), 8a(2)							76919
c d	Benefits paid (including direct rollo		00					
u	to provide benefits)		8d	2023	3			
е	Certain deemed and/or corrective		8e					
f	Administrative service providers (s							
g	Other expenses	,						
h	Total expenses (add lines 8d, 8e,							2023
i	Net income (loss) (subtract line 8h							74896
j	Transfers to (from) the plan (see in			87783	3			
			OI		1			

	F	Form 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
)a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:	
		2F 2G 2J 2T 3D						
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char-	acteris	tic Cod	des in t	the instruction	ns:	
art	: V	Compliance Questions		ı				
0		ng the plan year:		Yes	No	A	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Χ			
С	Was	s the plan covered by a fidelity bond?	10c	X				50000
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е		e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	100					
	insu	rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X				18327
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance	ı	ı				
11	ls thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					Yes	X No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Yes	X No
	(If "Y	es," complete 12a or 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 instru ting the waiver					e letter ruli ⁄ear	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		T		
b	Ente	r the minimum required contribution for this plan year			12b			
		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will t	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?					Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Yes	× No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	06/17/2011	BRAD KELLER				
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				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Be 'efit 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

2010

This Form is Open to Public Inspection

	art Annual Report Identification Information calendar plan year 2010 or fiscal plan year beginning	04/30/20)10 and ending		12/31/2010)
	y cingle employer plan	_		Г	one-participan	
		╡ '	nployer plan (not multiemployer)	L] one-participan	i piati
В.	This return/report is for: X first return/report	final return	•	the\		
	an amended return/report	╡ :	year return/report (less than 12 mon	ແທ <i>)</i> Γ] DEVIC	•
C	Check box if filing under:	automatic	extension	L	DFVC progran	II
	special extension (enter descript					
	rt II Basic Plan Information—enter all requested inform	mation	1	1h -	Thron dieli	
1a	Name of plan Sunshine Kids Juvenile Products LLC 401	(k) Plan	1		Three-digit plan number	
	Dairburne Man Daventre Troduces The Ast	\/ L	-	,	(PN) 🕨	001
					Effective date of	plan
					04/30/2010	4: N1 b
2a	Plan sponsor's name and address (employer, if for single-employer Sunshine Kids Juvenile Products LLC	er plan)			Employer Identific EIN) 59-3593	
				2c F	Plan sponsor's te	lephone number
	3104 142nd Ave E., Suite 105				(253)859-5	700
			147 OC 2 O O		Business code (s 423990	ee instructions)
	Sumner Plan administrator's name and address (if same as Plan sponsor,	enter "Same	WA 98390		423990 Administrator's E	IN
sa	rian aunimistrator s name and address (il same as rian sponsor, SAME	Cinci Came	,	/		
				3c /	Administrator's te	elephone number
_	roman	last rational	part filed for this pion, enter the	1 h		
4	f the name and/or EIN of the plan sponsor has changed since the l name, EIN, and the plan number from the last return/report. Spons	iasi ielurn/rej sor's name	out med for this plan, enter the	4b	⊏IIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year	***************************************		5a		15
b	Total number of participants at the end of the plan year			5b		17
С	Total number of participants with account balances as of the end	of the plan ye	ear (defined benefit plans do not	E c		11
	complete this item)			5c		
	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report					X Yes No
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	or an indeper y and conditi	ons.)quaimed public accountant (IQ			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use					
Pa	rt III Financial Information			T .		
7	Plan Assets and Liabilities		(a) Beginning of Year	100	(b) End	
а	Total plan assets	[0		162,679
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7с		0		162,679
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	19,66	ı		
			36,92			artong en libriki di Silili. Bili sebilip ganganan
	(2) Participants	1 1				
b	Other income (loss)		20,33	3		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				production that is,	76,919
d	Benefits paid (including direct rollovers and insurance premiums		<u>ere de la partida del como de la como de la filia de la como dela como de la como de la</u>			
	to provide benefits)	8d	2,02	3		
е	Certain deemed and/or corrective distributions (see instructions)	8e		400		
f	Administrative service providers (salaries, fees, commissions)	8f		_		
g	Other expenses	8g	Name of the river process in the state of the state of the state of the			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2,023
			📭 kara ya kangan yang yang yang yang kangang Baraha Di kangang Harah Pangang Sangang Pangang Bangang Pangang Pangang Bangang Pangang	2001		74 006
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		87,78	igg Heldi	a trada de majorina de la compansión de	74,896

Form	5500-S	F	2010
 ,			

Page	2-	

	IV Plan Characteristics								
9a									
b	2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
			<u></u>						
Part				Vaa	NI.				
10	During the plan year:	ممر محدثة حالة حاطة	ind described in	Yes	No	Α	mount		
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	v Correction Progra	m) 10)a	х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	х							
С	Was the plan covered by a fidelity bond?		10	c X			50,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?)d	х				
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See)e	Х				
f	Has the plan failed to provide any benefit when due under the plan?			Of	x				
q	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		g X			18,327		
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)		CFR		х				
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	e of the	Di					
Part	VI Pension Funding Compliance				•	•			
11	Is this a defined benefit plan subject to minimum funding requirements						Yes X No		
12	Is this a defined contribution plan subject to the minimum funding requ						Yes X No		
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		0, 0 0 0			_,			
а	If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.	mortized in this plan	n year, see instructio Month _	ns, and e	enter th Day	ne date of the	e letter ruling ear		
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and	l skip to line 13.	Г		1			
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				12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the f	unding 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 ye	ear or any prior yea	r?				Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	nsferred to another	plan, or brought und		ontrol		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	plan(s) to)				
	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3			13c(3) PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonable	cause is	estab	lished.			
Unde SB c	er penalties of perjury and other penalties set forth in the instructions, I or r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	declare that I have o	examined this return	/report, i	ncludin	ıg, if applicab	ile, a Schedule nowledge and		
616	Brad Kelle					ler			
100 100 100	IGN Signature of plan administrator Date Enter name of individual signing as plan administrator						istrator		
	digitator of plan administrator				, . 3	3			
SIG	## HI	Data	mala a sauce est est	ا - ا - داماند	uni	a am=l=	s plan conse		
1 5 E	Signature of employer/plan sponsor	Date	Enter name of indi	vidual Siç	ming a	s employer c	n pian sponsor		