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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

| Р | ension Benefit Guaranty Corporation Co | omplete all entries in acco | rdance wit | h the instructions to the Form 550 | 0-SF. | | | |
|----------|---|---------------------------------|---|-------------------------------------|--------|---------------------------|-------------|----------|
| | art I Annual Report Identifi | | | | | | | |
| For | calendar plan year 2010 or fiscal plan y | year beginning 01/01/20 | 10 | and ending 1 | 2/31/2 | 2010 | | |
| Α. | This return/report is for: | e-employer plan | multiple-e | employer plan (not multiemployer) | | one-participa | ant plan | |
| В | Γhis return/report is for: | return/report | final retur | n/report | | _ | | |
| | an ai | mended return/report | short plar | year return/report (less than 12 mo | nths) | | | |
| C | Check box if filing under: Form | า 5558 | automatio | extension | | DFVC progra | am | |
| | ☐ spec | ial extension (enter descript | ion) | | | _ | | |
| Pa | rt II Basic Plan Information | 1—enter all requested inform | nation | | | | | |
| | Name of plan | ii ontor all roquootou illioni | nation | | 1b | Three-digit | | |
| | RDONNAY BEAUTY & DAY SPA 401(I | K) PROFIT SHARING PLAN | I | | | plan number | 001 | |
| | | | | | | (PN) | | |
| | | | | | 1c | Effective date of 07/01/2 | | |
| 22 | Plan sponsor's name and address (em | anloyer if for single employe | r plan) | | 2h | Employer Identi | | umbor |
| | RDONNAY BEAUTY & DAY SPA | ipioyer, ir for sirigle-employe | i pian) | | 20 | (EIN) 91-174 | | annei |
| | | | | | 2c | Plan sponsor's | telephone | number |
| | 112TH STREET EAST ALLUP, WA 98373 | | | | 0-1 | 253-84 | | \ |
| | | | | | 2a | Business code 812112 | (see instru | ictions) |
| 3a | Plan administrator's name and address | s (if same as Plan sponsor, | enter "Same | e") | 3b | Administrator's | EIN | |
| CHAI | RDONNAY BEAUTY & DAY SPA | 6825 112TH PUYALLUP | I STREET I | EAST | | 91-174 | | |
| | | TOTALLOT | , ************************************* | , | 3с | Administrator's 253-84 | | number |
| 4 1 | the name and/or EIN of the plan spon | sor has changed since the la | ast return/re | port filed for this plan, enter the | 4h | EIN | 0 0004 | |
| | name, EIN, and the plan number from t | | | port med for this plan, enter the | 70 | LIIN | | |
| | | | | | 4c | PN | | |
| 5a | Total number of participants at the beg | ginning of the plan year | | | 5a | | | 15 |
| b | Total number of participants at the end | d of the plan year | | | 5b | | | 12 |
| С | Total number of participants with accomplete this item) | | | • | 5c | | | 9 |
| 62 | Were all of the plan's assets during th | | | | | | X Ye | s No |
| | Are you claiming a waiver of the annu | , , | | , | | | | |
| | under 29 CFR 2520.104-46? (See ins | | | | | | ^ Ye | s No |
| | If you answered "No" to either 6a o | r 6b, the plan cannot use I | Form 5500- | SF and must instead use Form 55 | 00. | | | |
| Pa | rt III Financial Information | | | T | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | , | (b) End | of Year | 400000 |
| | Total plan assets | | 7a | 104912 | - | | | 199220 |
| b | Total plan liabilities | | | 104045 | , | | | 199220 |
| <u>C</u> | Net plan assets (subtract line 7b from | | 7с | 104912 | - | | | 199220 |
| 8 | Income, Expenses, and Transfers for | | | (a) Amount | | (b) | Total | |
| а | Contributions received or receivable fr (1) Employers | | 8a(1) | | | | | |
| | (2) Participants | | | 15218 | 3 | | | |
| | (3) Others (including rollovers) | | ` ' | 81851 | | | | |
| b | Other income (loss) | | | 15614 | 1 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8 | | | | | | | 112683 |
| d | Benefits paid (including direct rollovers | | | 47046 | | | | |
| | to provide benefits) | | 8d | 17918 | _ | | | |
| е | Certain deemed and/or corrective dist | ributions (see instructions) | 8e | | _ | | | |
| f | Administrative service providers (salar | ries, fees, commissions) | 8f | 457 | _ | | | |
| g | Other expenses | | 8g | | | | | 400== |
| h | Total expenses (add lines 8d, 8e, 8f, a | and 8g) | 8h | | | | | 18375 |
| į | Net income (loss) (subtract line 8h from | | | | | | | 94308 |
| j | Transfers to (from) the plan (see instru | uctions) | 8i | | | | | |

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| | | • | |
|-----------|--------|--------|-------------|
| Part IV | Plan | (`hara | cteristics |
| ı aıtıv ı | ı ıaıı | Onara | JIGI IƏLIGƏ |

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

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

| art | ٧ | Compliance Questions | | | | | | |
|--------------|--------------|--|--------|----------|---------|------------|-----|-------------------|
| 0 | Dur | ing the plan year: | | Yes | No | | Amo | unt |
| а | | s 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 | | re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.) | 10b | | Χ | | | |
| С | Wa | s the plan covered by a fidelity bond? | 10c | X | | | | 250 |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty? | 10d | | X | | | |
| е | insu | re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.) | 10e | X | | | | 12 |
| 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 | | is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) | 10h | | X | | | |
| i | | Oh was answered "Yes," check the box if you either provided the required notice or one of the epitions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | |
| art | VI | Pension Funding Compliance | | | | | | |
| 1 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | 🔲 | Yes X |
| 2 | ls ti | nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 302 of | ERISA? | 🔲 | Yes X |
| | • | Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| | gran | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver | th | | | | | |
| | | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Γ | 12b | 1 | | |
| | | er the minimum required contribution for this plan year | | | 12c | | | |
| | | er the amount contributed by the employer to the plan for this plan year | | - | 120 | | | |
| a | | tract 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 | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | N | o N/ |
| 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> | | | X | Yes 1 |
| | If "Y | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | |
| b | Wer | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC? | under | the co | | 1 | | Yes X |
| С | | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.) | he pla | n(s) to |) | | | |
| 1 | 3c(1) | Name of plan(s): | | 13 | c(2) E | IN(s) | 1 | 3c(3) PN(s |
| | | | | | | | | |
| | | | | | | | | |
| auti | on: | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ıse is | estab | lished. | | |
| Inde B or | r per Sch | nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete. | urn/re | port, ir | ncludin | g, if appl | | |

| SIGN | Filed with authorized/valid electronic signature. | 06/22/2011 | CHERRY NYBO |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 06/22/2011 | CHERRY NYBO |
| 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

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

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the internal Revenue Code (the Code).

| P | art I Annual Report | Identification Information | 1 | | | | | |
|---------------|---|---|--------------------|-------------------|--|----------|----------------------------|-------------------|
| For | the calendar plan year 2010 | or fiscal plan year beginning | 01/01 | /2010 | and ending | 12, | 31/2010 | |
| A · | This retum/report is for: | x single-employer plan | multiple-em | nployer plan (| not multiemployer) | | one-participar | nt plan |
| В | This return/report is for: | first return/report | final return/ | report | | | | |
| | · | an amended return/report | Short plan | /ear return/rei | oort (less than 12 mont | ns) | | |
| <u> </u> | Check box if filing under: | Form 5558 | automatic e | ' | | ſ | DFVC prograr | n |
| | Check box if filling drider. | special extension (enter descrip | | J. (10.1011 | | L | D. Vu program | |
| 1750 | | | | | | | | |
| _ | art III Basic Plan Info Name of plan | ormation — enter all requested | information. | | | 1h T | hree-digit | |
| ıa | Name of plan | | | | | | lan number | |
| | CHARDONNAY BEAUTY & | DAY SPA 401(K) PROFIT S | HARING PLAN | | | - | PN) ▶ | 001 |
| | | | | | | 1 | ffective date of 7/01/2001 | plan |
| 2a | Plan sponsor's name and ad | dress (employer, if for single-employ | ver plan) | | | <u> </u> | | ication Number |
| | CHARDONNAY BEAUTY & | - | , | | | | EIN) 91-174 | |
| | 6825 112TH STREET E. | a cm | | | | 1 | • | elephone number |
| | 0025 IIZTR SIREET E | ADI. | | | | | 253) 840-0 | see instructions) |
| បន | PUYALLUP | WA 98373 | | | | 8 | 12112 | <u>.</u> |
| 3a | Plan administrator's name ar | nd address (If same as plan employe | er, enter "Same") | 1 | | 3b A | dministrator's E | EIN |
| | Jumo | | | | | | | |
| | | | | | | 3c A | dministrator's to | elephone number |
| | | | | | | | | |
| 4 | If the name and/or EIN of the | e plan sponsor has changed since the plan sponsor has changed since the plast return/report. Spon | e last return/repo | ort filed for thi | s plan, enter the | 4b E | IN | |
| | name, Env and the plan num | iber from the last return/report. Spon | isors Name | | | 4c F | 'n | |
| 5a | Total number of participants | at the beginning of the plan year. | | | | 5a | | 15 |
| b | , , | at the end of the plan year | | | | 5b | | 12 |
| С | • • | with account balances as of the end | | • | • | 5c | | 9 |
| 6a | | during the plan year invested in elig | | | | | | x Yes □No |
| b | Are you claiming a waiver of | the annual examination and report of | of an independer | nt qualified pu | | | | |
| | | (See instructions on waiver eligibilit | • | | | | | x Yes No |
| | | her 6a or 6b, the plan cannot use | Form 5500-SF a | ina must insi | ead use Form 5500. | | | |
| | art III Financial Infor | mation | | /a) F | hadaalaa af Vaar | 1 | /b\ Fd | -4 V |
| 7 | Plan Assets and Liabilities | | 20 10 E 36 | (a) E | Seginning of Year | | (b) End | |
| a b | , | | 7a | | 104,912 | | | 199,220 |
| _ | · · · · | | 120 | | 104 012 | + | | 100 000 |
| <u>c</u> | Net plan assets (subtract line | | 7c | | 104,912 | - | | 199,220 |
| 8 | Income, Expenses, and Tran Contributions received or rec | | (Single- | | (a) Amount | (0) | (b) 1 | otal |
| а | | · · · · · · · · · · · · · · · · · · · | 8a(1) | | | | | |
| | | | | | 15,218 | | | Han the second |
| | (3) Others (including rollove | rs) | 8a(3) | | 81,851 | | | |
| b | Other income (loss) | | 8b | | 15,614 | | | |
| Ċ | | , 8a(2), 8a(3), and 8b) | | | | 3 | | 112,683 |
| d | , , | t rollovers and insurance premiums | | | (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | |
| _ | | | | | 17,918 | | | |
| e | | ective distributions (see instructions) | | | Marie Andrew British | | | |
| t ~ | · . | lers (salaries, fees, commissions) . | | | 457 | | | |
| g | Other expenses | | 8g | | | | | |
| h | , , | I, 8e, 8f, and 8g) | | 27 | 1 | | | 18,375 |
| İ | , , , , | ne 8h from line 8c) | | | The second of the second of the | | | 94,308 |
| j | Transfers to (from) the plan (| (see instructions) | 8j | | | 100 | | |

| Form | EEAA | CE | 201 | Λ |
|------|------|----|-----|---|
| | | | | |

HERE Signature of employer/plan sponsor

| Page 2- | |
|----------------|--|
| | |
| | |
| | |
| | |

Enter name of individual signing as employer or plan sponsor

| D- | 4 11/ | Plan Characteristics | | | | | | | | |
|---------|---|--|--------------------------|--------------------------|--------|--------------|------------|--|-----------|-------------|
| | rt IV | | | | | | | | | |
| ya | it the | plan provides pension benefits, enter the applicable pension feate 2E 2F 2J 2K 3E | ure codes from the Lis | st of Plan Characteris | stic (| Codes | in the | instructions: | | |
| b | If the | plan provides welfare benefits, enter the applicable welfare feature | re codes from the List | of Plan Characteristi | ic Co | odes i | n the ir | nstructions: | | |
| Pa | rt V | Compliance Questions | | | | | | | | |
| 10 | | ring the plan year: | | | | Yes | No | А | mount | |
| а | | as there a failure to transmit to the plan any participant contribution | | | 10- | | x | 1 | | |
| t | | CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar ere there any nonexempt transactions with any party-in-interest? (I | , | , | 10a | | | | | |
| | | line 10a.) | | ' ' | 10b | | x | | | |
| c | : w | as the plan covered by a fidelity bond? | | 1 | 10c | x | | | 2 | 25,000 |
| C | l Di | the plan have a loss, whether or not reimbursed by the plan's fide | | ļ~ | | | - | | | |
| | or | dishonesty? | • • • • • • | · · · · · <u> </u> | 10d | | х | | | |
| e | | ere any fees or commisions paid to any brokers, agents, or other p | | | | | | | | |
| | | urance services or other organization that provides some or all of tructions.) | | ' ' ' | 10e | х | | | | 1,233 |
| f | Ha | s the plan failed to provide any benefit when due under the plan? | | 1 | 10f | | x | | | |
| ç |) Di | t the plan have any participant loans? (If "Yes," enter amount as o | f year end.) | | 10g | | х | | | |
| ř | | his is an individual account plan, was there a blackout period? (Se | | CFR | | | | 10000000000000000000000000000000000000 | | |
| | | 20.101-3.) | | _ | 10h | | X | | | |
| 1 | | Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3 | | | 10i | | | | | |
| Pa | STREET, | Pension Funding Compliance | | | | | | | | |
| 11 | ls | this a defined benefit plan subject to minimum funding requiremen | | | | | | | ☐Yes [| x No |
| 12 | ls | this a defined contribution plan subject to the minimum funding rec | | | | | | | Yes [| x No |
| | (If | "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab | ie.) | | | | | | | |
| a | | waiver of the minimum funding standard for a prior year is being | | | | | | | | |
| 11 | | unting the waiver | | | , | | Day | '` | /ear | |
| k | | ter the minimum required contribution for this plan year | • | - | | . [| 12b | | | |
| c | | ter the amount contributed by the employer to the plan for this plan | | | | | 12c | | | |
| c | | btract the amount in line 12c from the amount in line 12b. Enter th | • | | | · | 404 | | | |
| | ne | gative amount) | | | • | ٠ _ | 12d | | | |
| 1000000 | STATE OF THE PARTY | Il the minimum funding amount reported on line 12d be met by the | funding deadline? . | | • | • | | Yes | ∐No L | N/A |
| - | t VI | | | | | | | | | |
| 138 | | s a resolution to terminate the plan been adopted during the plan Yes," enter the amount of any plan assets that reverted to the emp | | | | ٠. | <u>.</u> . | · · · · | x Yes [| No |
| | | | | | • • | <u>' ' '</u> | 13a | | | 0 |
| k | | ere all the plan assets distributed to participants or beneficiaries, tr the PBGC? | ansterred to another p | olan, or brought unde | er the | cont | rol | | Yes [| x No |
| C | | luring this plan year, any assets or liabilities were transferred from | this plan to another p | lan(s), identify the pla | an(s) | to | | | | |
| | | ich assets or liabilities were transferred. (See instructions.) | | | | | | | 1 | |
| | 13c(| 1) Name of plan(s): | | | | 13 | c(2) E | IN(s) | 13c(3) PI | N(s) |
| | | | | | | | | | | |
| | | MATERIAL DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR | | | | | | | | |
| | | | | | | | | | | |
| Cau | tlon: | A penalty for the late or incomplete filing of this return/report v | will be assessed unl | ess reasonable cau | se i | s esta | blishe | d. | | |
| Und | er pe | alties of perjury and other penalties set forth in the instructions, I o | feclare that I have exa | mined this return/rep | oort, | includ | ling, if | applicable, a | Schedule | |
| | | edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete. | s the electronic version | n of this return/report, | , and | to th | e best | of my knowl | edge and | |
| | 1232 | ah 1/1 | | Cherry Nybo | | | | | | |
| 14574 | GN | Signature of plan administrator, | Date 5-26-11 | | /idus | l siani | ing as | nlan adminis | strator | |
| CI | Date Signature of plan administrator Date Signature of plan administrator Cherry Nybo | | | | | | | | | |