## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number CHARDONNAY BEAUTY & DAY SPA 401(K) PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 07/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CHARDONNAY BEAUTY & DAY SPA 91-1742974 (EIN) 2c Sponsor's telephone number 253-840-0684 6825 112TH STREET EAST PUYALLUP, WA 98373 2d Business code (see instructions) 812112 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1742974 CHARDONNAY BEAUTY & DAY SPA 6825 112TH STREET FAST PUYALLUP. WA 98373 3c Administrator's telephone number 253-840-0684 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 199220 0 Total plan assets..... 7a 0 7b Total plan liabilities..... 199220 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -1708 **b** Other income (loss)..... 8b -1708 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 197512 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 197512 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -199220 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ......

Form	5500.	SF.	201

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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: 2E 2F 2J 2K 3E
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions  During the plan year:		Yes	No		Λ	nount	
-	Was there a failure to transmit to the plan any participant contributions within the time period described in	40-	163	X		All	iount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	on line 10a.)	10b		^				
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					196
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 com 5500))						Yes	X No
_	<i>"</i>							
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	?	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of	ERISA?	? [	Yes	X No
		ctions,	and e	enter th	e date	of the	⊐ etter ru	ling
а	(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 instru	ctions,	and e	enter th	e date	of the	⊐ etter ru	ling
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a  If y b c d e art 3a	(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 instru granting the waiver	of a	and e	12b 12c 12d  X Y	e date	of the Ye	etter ru	ling
a  If y b c d e art 3a	(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 instru granting the waiver	of a	and e	12b 12c 12d	e date	of the Ye	etter ru	ling
a If y b c d e art 3a b c	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.  Moryou 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.  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 negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  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 of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d	e date	of the Ye	etter ru ear	ling N/A
a If y b c d e art 3a b c	(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 instru granting the waiver	of a	and e	12b 12c 12d  X Y  Ontrol	e date	of the Ye	etter ru ear	ling N/A  No

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.	07/31/2012	CHERRY NYBO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/31/2012	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 Traceury Internal Revenue Service

Department of Labor Employee Book's: Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 5097(b) and 6058(a) of the Internal Revenue Code (No. Code)

OMB Nos. 1210-0110 1210-0089

2011

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:		Complete all entries in act	cordance	with the instructions to the Form 55	00-SF.	'	nspection
Ē	or the calendar plan year 2011 o						
		P-1	01	/01/2011 and ending	1	2/31/2011	
	This return/report is for	x a single-employer plan	a mult	pla-employer plan (not multiemployer)			
E	This return/report is:	the first return/report	Particular Control	al return/report		☐ a one-partici	pant plan
		an amended return/report	<b>=</b>				
	Charles Sea		B Short	t plan year return/report (less than 12 m	onthe)		
•	Check box if filing under:	Form 5558		atic extension		DFVC progra	
_		special extension (enter descript	ion)			Deve brodus	im.
	Part Besic Plan Into	ormation — enter all requested in					
- 1	a Name of plan	requested in	ipmailen.	N			
					1b	Three-digit	
	CHARDONNAY BEAUTY &	DAY SPA 401(K) PROFIT SH	ARING P	Lan		plan number	
						(PN) ►	001
7	1.0					Effective data of	plan
~	Chardonnay beard add	ress; include room or suite number (e	mp oyer, i	for single-employer plant		07/01/2001	
		DAY SPA		5		Employer Identif	
					9	(EIN) 91-174	
	5825 112TH STREET BA	.Cop			2c	Plan sponsor's fr	ephone number
						(253) 840-0	
US	BUXYLLOB	WA 98373			2d	Business code (s	ee Instructions)
38	Plan administrator's name and	address (If same as plan sponsor, e	200 :0			812112	
	Same	the day for any plant spoilson, and	iter Same	9"}	3b /	Adminietrator's E	IN
					30	A circ la latentanta de	lephone number
					00 /	AND THIS REPORT OF SE	regnone number
4	If the name and/or EIN of the o	plan sponeor has changed since the la					
_		er from the lest return/report.	ist return/n	sport filed for this plan, enter the	4b 8	in.	
_	Spongore Name			ij	4c =	) A :	
5a	Total number of participants at	the beginning of the plan year				1	
p	ta stnagiolined to redmun lato	the end of the plan year			<u>5a</u>	<del> </del>	12
·	complete this item.	count balances as of the end of the pi	an year (de	efined penefit plans do not	5b_		0
6a					5c		D
b							<u></u>
~	under 29 CFR 2520 104-462 (C	annual examination and report of an	Independ	ent qualified public accountant (IOPA)	• •	• • • •	My ≥e V
							X Yes No
	Financial Inform	r 6a or 8b, the plan cannot use For	n 5500-SF	and must instead use Form 5500.			
7	PARTY VIVOITORIAL HINOSTIF	atiou					
•	Plan Assets and Liabilities			(a) Beginning of Year	1	(b) End of	V
а •	Total plan assets		. 7a		-	(0) End 01	rear
b			. 7b	199,220	1		0
<u>c</u>	Net plan assets (subtract line 76	from line 7a)			-		Ü
8	Income, Expenses, and Transfer	s for this Plan Year	A COLUMN THE REAL PROPERTY.	199,220			0
a	Contributions received or receive	able from:		(a) Amount		(b) To	al .
	(1) Employers		8a(1)	1	(6)	<b>洲红罗河</b>	<b>学</b> 的"两个人的"
	(2) Participants		8a(2)		1000	可经现代	
	(3) Others (including rollovers).				1		<b>从</b> 上一个
	Other income (loss)		8a(3)		THE STATE	<b>注新加州</b>	的研究是知识
	Total income (add lines 8a(1), 8a	(2), 82(3), and 8h)	86	(1,708)	Tr.	188	
a	Benefits paid (including direct roll	OVERS and incurrence promiums	8c				(1,708)
	o provide nements)		D-4		温油流	THE REAL PROPERTY.	NATIONAL PROPERTY OF THE PARTY
е	Certain deemed and/or corrective	distributions (see instructions)	8d	197,512		THE REAL PROPERTY.	
f .	Administrative service providers (	Salaries foos commissiones	8 <b>e</b>				
g	Other expenses		81				
			89		15	<b>建一种</b>	that the same
	Total expenses (add lines 8d, 8e,	ชา. and 8g)	8h	THE PERSON NAMED IN STREET	and the last	Mark T. Market 19	107 614
	or accome (ioss) (subtract line 8)	from line 6c),	81	THE RESERVE TO SHARE THE PARTY OF THE PARTY			197,512
For *	ransfers to (from) the plan (see it	nstructions)	81		+47-11-4-	The property sections	(199,220)
·uit	and work neguction Act Notice	e and OMB Control Numbers, see t	he Instruc	tions for Form 5500-SIF.		SHE 用意义的	6 E 00 8 E 100 4 1

Form 5500-SF (2011)

	Plan Characteristics						
У8	if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character.  If the plan provides welfare backs.						
b	If the plan provides welfare hangite enter the continue.	ensiic	Codes	s in th	e instru	ictions:	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	ietic C	odes i	n the	instruc	tions:	
Pai	Compliance Questions						
10	During the plan year:						
a	Was there a failure to impose to the state of		Yes	No		Am	ount
L	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)  Were there any nonexempt transactions with any participators (2.00 and last).	1		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		<u> </u>	+		
c		105		x			
d	Was the plan covered by a lidelity bond?.  Did the plan have a loss whether a control of the plan have a loss whether a control of the plan have a loss whether a control of the plan have a loss whether a control of the plan have a loss whether a control of the plan have a loss whether a control of the plan have a loss whether a control of the plan have a loss whether a control of the plan have a loss whether	10c	X		_		
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_	instructions.)		x				
f	Has the plan falled to provide any benefit when due under the plan?	10e					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan was there are the second of the sec	101		X			
h		10g	[	X	/:		
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	Pension Funding Compliance	, 44				是不在	
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	- Can		-			
	The state of the s			An			
: :	s this a defined contribution plan subject - #	e agra	edule :	SB (F	om		Yes X No
) 	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se (if "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applicable.)	ection	302 o	 f EAI	SA?		Yes X No
a i	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Gode or se (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  I a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of completed line 12a, complete lines 3, 9, and 10 of Schooling MR (Form score)	ection	302 o	f ERI	SA?	· · C	Yes X No
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