## 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).

\_\_\_\_

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

P6	ension Be	nefit Guaranty Corporation	► Complete all entries in accord	lance with the instru	ctions to the Form 550	0-SF.		, , , , , , , , , , , , , , , , , , ,
Pa	ırt I	Annual Repor	rt Identification Information					
For o	calenda	ar plan year 2012 or	fiscal plan year beginning 01/01/2012	2	and ending 1	12/31/2	012	
		urn/report is for:	a single-employer plan  the first return/report	a multiple-employer p the final return/report	lan (not multiemployer)		a one-particip	oant plan
D I	nis ret	urn/report is:		•				
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_	
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
_			special extension (enter descriptio					
	rt II		formation—enter all requested informa	ation		1		
	Name	•					Three-digit	
LUCK	Y PET,	INC. 401(K) PLAN					plan number (PN)	001
							Effective date of	
						10	01/01	•
	Plan sp		address; include room or suite number (er	mployer, if for a single-	-employer plan)		Employer Identii	fication Number
PO B	OX 246	341				2c	Sponsor's telep	
		VA 98124				2d	see instructions)	
3a	Plan ad	dministrator's name	and address Same as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3b	Administrator's I	ΞIN
						3c	Administrator's t	elephone number
								•
4			the plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN	
_			number from the last return/report.			4.0	DNI	
		or's name				4c	PN T	
5a	I otal r	number of participan	its at the beginning of the plan year			5a		24
b	Total r	number of participan	its at the end of the plan year			5b		0
С			h account balances as of the end of the p	• `	•	5c		0
6a			ets during the plan year invested in eligibl					X Yes No
			of the annual examination and report of a					
			16? (See instructions on waiver eligibility a					X Yes No
	If you	answered "No" to	either line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form:	5500.	
Cau	tion: A	penalty for the lat	e or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	use is e	established.	
SB c	or Sche		other penalties set forth in the instructions and signed by an enrolled actuary, as we mplete.					
SIGI		Filed with authorize	Filed with authorized/valid electronic signature.  07/11/2013 MICHAEL KAPLA		MICHAEL KAPLAN			
HER	(E	Signature of plan	administrator	Date	Enter name of individ	ual sigr	ning as plan adn	ninistrator
SIGI		Filed with authorize	ed/valid electronic signature.	07/11/2013	MICHAEL KAPLAN			
HER			loyer/plan sponsor	Date	Enter name of individual signing as employer or p			
Prep	arer's			Prepa	arer's telephone	number (optional)		

Form 5500-SF 2012 Page **2** 

Dor	t III   Einangial Information						
<u> </u>	t III Financial Information  Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year
	Total plan liabilities	7a 7b	7300	73039			0
	Net plan assets (subtract line 7b from line 7a)	7c	7303				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	,,,			(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	741	2			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	664	7			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					14059
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8709	8			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					87098
	Net income (loss) (subtract line 8h from line 8c)	8i					-73039
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	7
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X	
	Was the plan covered by a fidelity bond?			10b 10c	X		50000
d				100			50000
	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		422
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	122
	Did the plan have any participant loans? (If "Yes," enter amount a				X		
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	Α	X	0
i	2520.101-3.)	ne require	d notice or one of the	10h			
Part	vi Pension Funding Compliance	1-3		10i			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	, and 6	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012 Page <b>3 - 1</b>								
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 a negative amount)	12d							
е	Will the 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 resolution to terminate the plan been adopted in any plan year?	X	res 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 under the of the PBGC?	control		X Yes	No				
С	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.)								
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)				
Part	VIII Trust Information (optional)								

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Admin

## 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 6057(b) and 6058(a) of

2012

OMB Nos. 1210-0110

1210-0089

_	Pendion Concfit Guaranty Corporation  The Internal Revenue Code (the Code).	This Form is Open to Public
E	Complete all entries in accordance with the instructions to the Fermi sea	Inspection
	Market Community of the Control of t	
	r calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	12/31/2012
	This return/report is for: 💢 a single-employer plan a multiple-employer plan (not multiple-employer)	
В	This return/report is: the first return/report the final return/report	a one-participant plan
_	an amended return/report a short plan year return/report (less than 12 m	conths)
С	Check box if filing under: Form 5558 automatic extension	
	special extension (enter description)	DFVC program
F	art II Basic Plan Information — enter all requested information	
	Name of plan	
	Lingley Both The Add on the	1b Three-digit
	Lucky Pet, Inc. 401(k) Plan	plan number (PN) ▶ 001
		1C Effective date of plan
2a	Plan sponsor's name and address include a second se	01/01/1998
	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Lucky Pet, Inc.	2b Employer Identification Number (EIN) 91–1406250
	·	2c Sponsor's telephone number
	PO Box 24641	(206) 287-0175
пс	Seattle Wa 98124	2d Business code (see instructions)
		339900
	Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN
		3C Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	Ala ma
_	L Maria La	4b ein
_	Sponsor's name	4c PN
āa L	otal number of participants at the beginning of the plan year	5a 24
b	The manual of participants at the end of the plan year	CL .
C		3 <b>B</b> 0
ia	TOTAL CONTROL OF THE PROPERTY	5c 0
b	by the plant year invested in eligible assets ( See instructions )	X Yes No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	A)
	If you answered "No" to either line 63 or line 65 the plan connect up 5 to 9 the plan connect up 5 to	XYes No
Cai	The supplied of the obtain capital use form 55110 SE and must increase the Factor	CC 0.0
Unc	ition: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause	e is established.
SB	ler penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repor or Schednie MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, a ef, it is tnie, gogrech, and complete.	rt, including, if applicable, a Schedule
beli	ef, it is true, gorrect, and complete.	ind to the best of my knowledge and
Si	IN PURCUETURE 12/6/13 NECESTRA	
1 - 1	RE Sidnature of plan administrator	
P. T.	A A C C C C C C C C C C C C C C C C C C	signing as plan administrator
SI		Keplan
المرار	RE Signature of employer/plan sponsor  Date  Enter many (including 5 many fine led in a sponsor)	idning as employer of plat seoneok
, 0	parer's name (including firm name, if applicable) and address; include room or suite number (optional)	reparer's telephone number (optional)
		, and the second

	Form 5500-SF 2012		Page 2						
Ē	The rings of the control of the cont								
	art III Financial Information	T							
$\frac{7}{2}$	Plan Assets and Liabilities		(a) Beginning of Ye	ng of Year			(b) End of Year		
a b	Total plan assets	7a	73,	039					
	Total plan liabilities	7b		0			0		
<u>c</u>	Net plan assets (subtract line 7b from line 7a) 7c 73			039			0		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	-		150	L Sil			
	(2) Participants								
	(3) Others (including rollovers)	8a(3)		412	_				
b	Other income (loss)	8b		647					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		04/	<u> </u>				
d	Benefits paid (including direct rollovers and insurance premiums						14,059		
	to provide benefits)	8d	87,0	98					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				05/7			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				-			
<u>g</u>	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					87,098		
	Net income (loss) (subtract line 8h from line 8c)	8i					(73,039)		
بل	Transfers to (from) the plan (see instructions).	8j		C'YELL L	33.8	.8511	TO SECURE SECURITION OF SECURITION		
Pa	art IV Plan Characteristics			·		<u> </u>			
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2J 2F 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pa	urt V Compliance Questions						****		
10	During the plan year:			·····	1,,				
<del></del>	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Moss there	try Correct	ion Program)	10a	Yes	No X	Amount		
d	on line 10a.)	(Do not inc	lude transactions reported	10Ь		x			
С	vvas tile pian covered by a fidelity bond?		•	10c	x		FO 000		
d	or dishonesty?	lelity bond.	that was caused by fraud	10d		x	50,000		
е	were any fees or commissions paid to any brokers, agents, or other productions or other organization that provides some or all of tinstructions.)	persons by the benefit	an insurance carrier, sunder the plan? (See	10e	х	-	<b>A</b> 222		
f	Has the plan failed to provide any benefit when due under the plan?	**********	( ) + + + + + + + + + + + + + + + + + +	10f	-	x	422		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				x	^+	0		
	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	*****	***************************************	10h		x			
İ	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 20 CSP 2520 101.2								
Par	₩ Pension Funding Compliance		410000000000000000000000000000000000000	10i		E			
11	is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)					e SB (	Form		
11a	Enter the amount from Schedule SB line 39	FD: 14000 10 10 10 10 10 10 10 10 10 10 10 10			4	40			
12	4 IS this a defined contribution plan embiast to the minimum 4 of the second se								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	e-( write into	or section 412 of the Code of	section	on <b>30</b> 2	of ER	ISA? " Yes 🖾 No		
Э	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		- th:1	ns, a	nd ente	r the	date of the letter ruling		
	ou completed line 12a. complete lines 3, 9, and 10 of Schedule ME	*******	H1010000000000000000000000000000000000	h	<del></del>	Day	Year		
b	Enter the minimum required contribution for this plan year	s (Form 5	out), and skip to line 13.		· ·	<del></del>			
-	The second report that the half second report second repor	***********			1 48	. I			

	Form 5500-SF 2012 Page	e 3-			
c	Enter the amount contributed by the employer to the plan for this plan year		40-	1	
d		sign to the left of a	12c		
е	with the midmid indiving amount reported on line 12d be met by the funding deadline?	**************************************		Yes [	□ No □ N/A
***************************************	The state of the s				
<u>13a</u>		******************************	X Y	es 🔲 i	٧o
	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 plant the plant assets or liabilities were transferred to another plant this plan year any assets or liabilities were transferred to another plant to the plant the plant transferred to another plant to the plant transferred to another plant transferred transferred to another plant transferred	an, or brought under the co	introl		
c	If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	in(s), identify the plan(s) to	*********	<u> </u>	X Yes No
1	13c(1) Name of plan(s):	130	(2) EIN(	s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)				
14a r	Name of trust		<b>1</b> 4b Tr	ust's EIN	