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).

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

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identifica	tion Information						
For	calendar plan year 2009 or fiscal plan yea		2009	and ending	12/31/2	2009		
Α -	This return/report is for:	multiple-e	employer plan (not multiemployer)	one-participant plan				
B This return/report is for:			final retur	n/report		<u> </u>		
	an amer	nded return/report	short plar	year return/report (less than 12 mo	onths)			
C Check box if filing under:				extension		DFVC program		
		extension (enter descri	ption)					
Pa	rt II Basic Plan Information—	` '	. /					
	Name of plan	sitter an requested line	mation		1b	Three-digit		
	RTER HOMES 401(K) PLAN					plan number		
						(PN) F		
					1C	Effective date of plan 07/01/2005		
	Plan sponsor's name and address (emplo	yer, if for single-employ	yer plan)		2b	Employer Identification Number		
CHAI	RTER HOMES, INC.				0-	(EIN) 20-1021338		
1971	7 62ND AVENUE SOUTH				20	Plan sponsor's telephone number 206-322-4393		
STE	F111				2d	Business code (see instructions)		
	Г, WA 98032				-	236110		
	Plan administrator's name and address (if RTER HOMES, INC.	•	r, enter "Same ND AVENUE	,	30	Administrator's EIN 20-1021338		
0		STE F111 KENT, WA			3c	Administrator's telephone number		
					_	206-322-4393		
	the name and/or EIN of the plan sponsor name, EIN, and the plan number from the			port filed for this plan, enter the	4b	EIN		
'	iame, Em, and the plan number from the	ast return/report. Opor	nisor s name		4c	PN		
5a	Total number of participants at the beginn	ing of the plan year			5a	21		
b Total number of participants at the end of the plan year					5b	10		
С	Total number of participants with account	balances as of the end	d of the plan y	rear (defined benefit plans do not				
	complete this item)				. 5c	10		
	Were all of the plan's assets during the p	•	J	,		X Yes No		
D	Are you claiming a waiver of the annual eunder 29 CFR 2520.104-46? (See instruc					X Yes No		
	If you answered "No" to either 6a or 6l	-						
Pa	rt III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	15213	32	196963		
b	Total plan liabilities		7b		0			
C	Net plan assets (subtract line 7b from line	7a)	7c	15213	2	196963		
8	Income, Expenses, and Transfers for this			(a) Amount		(b) Total		
а	Contributions received or receivable from (1) Employers		8a(1)	276	9			
	(2) Participants			2175	8			
	(3) Others (including rollovers)							
b	Other income (loss)			4371	8			
С	Total income (add lines 8a(1), 8a(2), 8a(3)	s), and 8b)	8c			68245		
d	Benefits paid (including direct rollovers ar	nd insurance premiums	3					
	to provide benefits)			2341	4			
	Certain deemed and/or corrective distribu	` '	·		\dashv			
t 	Administrative service providers (salaries	,						
g	Other expenses					00444		
n	Total expenses (add lines 8d, 8e, 8f, and					23414		
! :	Net income (loss) (subtract line 8h from li	,				44831		
	Transfers to (from) the plan (see instruction	اهالا	····· 8j	İ				

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Dart IV	Dian	Characte	orictics
Part IV	Plan	Charact	eristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2K 2J

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

art	V Compliance Questions								
0	During the plan year:		Yes	No		An	ount		
а	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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
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		Х					
е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		Х					
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	Χ					1548	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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		X					
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	× No	
2									
	(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 instruct granting the waiver. Month								
	rou 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		Γ	12b					
	Enter the amount contributed by the employer to the plan for this plan year		l l	12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	
art									
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				<u>'</u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			ntrol 			Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to						
1	3c(1) Name of plan(s):		130	(2) EIN	l(s)		13c(3) PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.				
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	06/15/2010	MARK LUDDEN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	06/15/2010	MARK LUDDEN					
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 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

2009

This Form is Open to Public Inspection.

Pa	rt I Annual Report Identification Information					
	he calendar plan year 2009 or fiscal plan year beginning	2009-	01-01 and ending	200	9-12-31	
А т	his return/report is for: x single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participar	nt plan
		final return/	report			
			rear return/report (less than 12 months)			
		automatic e		Г	DFVC program	m
C	neck box if living under.	automatic	SKIGHSIGH	<u> </u>	1 - 1 - 1 - 1	
	special extension (enter description)		toppe the second			
Pa	rt II Basic Plan Information enter all requested inform	nation.		1 1 -		
1a	Name of plan				hree-digit lan number	
	CHARTER HOMES 401 (K) PLAN			(1	PN) ▶	001
					ffective date of	plan
					2005-07-01	F (2 - 1) - 1 - 1
2a	Plan sponsor's name and address (employer, if for single-employer plans)	an)	-		:mployer Identii EIN) 20-102	fication Number
	CHARTER HOMES, INC.				'	elephone number
	19717 62ND AVENUE SOUTH			((206) 322-4	393
	STE F111					see instructions)
	KENT WA 98032	, 110			236110 Administrator's I	=IN
3a	Plan administrator's name and address (If same as plan employer, en Same	ter "Same")	'	J.J. 7	dillillistiators i	2114
	Dunic		<u> </u>	2		-1
			'	SC A	Administrator's 1	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	ort filed for this plan, enter the	4b ⊟	EIN	
	name, EIN and the plan number from the last return. Sponsor's Name		-	4c ⊧	PN	
52	Total number of participants at the beginning of the plan year			5a		21
b	Total number of participants at the end of the plan year			5b_		10
Č	Total number of participants with account balances as of the end of th	e plan year	(defined benefit plans do not			4.0
	complete this item)			5c		10 X Yes No
	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)			A les []NO
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	inaepenaer I conditions	.)			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	and must instead use Form 5500.			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
a	Total plan assets	. 7a	152,132			196,963
b	Total plan liabilities	7b	0			
_		7c	152,132			196,963
<u>c</u>		10	(a) Amount		(b)	Total
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(8)	
а	(1) Employers	. 8a(1)	2,769			
	(2) Participants	. 8a(2)	21,758			
	(3) Others (including rollovers)	. 8a(3)				
b	Other income (loss)	. 8b	43,718			
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				68,245
ď	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	. <u>8d</u>	23,414			
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e				
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	· 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				23,414
i	Net income (loss) (subject line 8h from line 8c)	. 8i				44,831
•	Transfers to (form) the plan (and instructions)	81				

	Form 5500-SF (2009)	Pa	ge Z-					***	
Pai	rt IV Plan Characteristics								
Эа	If the plan provides pension benefits, enter the applicable pension feature	e codes from the List	of Plan Characteri	stic C	odes	in the	instructions:		
h	2A 2E 2F 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	of Plan Characteris	tic Co	des ir	n the ir	structions:		
Ŋ	If the plan provides wellare benefits, effect the applicable wellare leature	Codes from the Elect							
Pа	rt V Compliance Questions								
10	During the plan year:				Yes	No	Am	ount	
	Was there a failure to transmit to the plan any participant contribution	within the time period	described in	10a		x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	Correction Program)		IUa					
b	on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				25,000
d		ty bond, that was cau	used by fraud			х			
	or dishonesty?			10d		<u> ^</u> _			
е	Were any fees or commissions paid to any brokers, agents, or other pe	rsons by an insurance	e carrier,						
	insurance services or other organization that provides some or all of th instructions.)	e benefits under the		10e		х			
f				10f		х			
Ç	0.46194 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10g	х				1,548
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29 (CFR			х			
	2520.101-3.)			10h		A			
Ī	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	of the	10i					
Pa	rt VI Pension Funding Compliance								
<u>11</u>	Is this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instru	uctions and comple	te Sc	hedul	e SB (Form	Yes	x No
	5500))			• •		of ED	ISA?		
12	Is this a defined contribution plan subject to the minimum funding requ (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		112 of the Code of	secu)II 3U2	2 01 EN	JOA!		[22]/10
			vear see instructio	ns. aı	nd ent	er the	date of the let	ter ruling	
a	granting the waiver		Mon	th		Day	/Y	ear	
H	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and sl	kip to line 13.		Г		1		
k	·					12b 12c			
C					٠ -	126			
C		result (enter a minus		a • •	. L	12d			
E		funding deadline? .					Yes	No	N/A
Pai	rt 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 year?			ـــا ٠			Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year		•		13a			
ŀ	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to another p	lan, or brought und	der th	e con	trol		Yes	x No
,	of the PBGC? If during this plan year, any assets or liabilities were transferred from t	his plan to another pl	an(s), identify the p	olan(s) to				(1.0
•	which assets or liabilities were transferred. (See instructions.)								
	13c(1) Name of plan(s):				1:	3c(2) E	EIN(s)	13c(3)	PN(s)
						· · ·			
Cau	ition: A penalty for the late or incomplete filing of this return/report v	vill be assessed unle	ess reasonable ca	use	is est	ablish	ed.		
Lind	for penalties of periury and other penalties set forth in the instructions. I de	eclare that I have exa	mined this return/r	eport	, inclu	iding, it	applicable, a	Schedule	:
SB	or Schedule MB completed and signed by an enrolled actuary, as well as	the electronic version	n of this return/repo	ort, ar	nd to t	he bes	t of my knowle	edge and	
beli	ef, it is true, correct, and complete.	(ab)10	Mack	/	.11	<i>e</i> u			
1000000	IGN 2	41-7	Enter name of inc	V	W. P.		nlan adminie	trator	
Н	ERE Signature of plan administrator	Date C /2 //2		/	DDe.	miy as	Pian aumins		
	IGN Precision	-6/21/U-	Mack Fatan nama of inc	بالاستار دونونه	(* (*)	nina a-	employerer	olan enon	sor
LH	ERE Signature of employer/plan sponsor	Date	Enter name of inc	ividu	aı sıgı	ning as	employer or	Jian spon	5UI