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

2009

This Form is Open to Public Inspection

P	ension Benefit	Guaranty Corporation		▶ Complete all entries in accordance	rdance wit	h the instructions to the Form 550	0-SF.				
				entification Information							
For	calendar pla	an year 2009 or fi	scal	plan year beginning 01/01/200)9	and ending	12/31/2	2009			
Α.	This return/i	report is for:	X	single-employer plan	multiple-	employer plan (not multiemployer)		one-participan	t plan		
	This return/report is for: first return/report final return/report					n/report					
				an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
С	Check box i	f filing under:	Ī	Form 5558	automatio	extension		DFVC program	า		
	special extension (enter description)										
Da	rt II B	acic Plan Info	\rm	ation—enter all requested inform							
	Name of pl		/1 111	ation—enter an requested inform	lation		1h	Three-digit			
			MES	, INC. 401K PLAN			15	plan number			
0.2	, E 111EED 111	10 00010111101	0	, 110. 101111 2/11				(PN) •	001		
							1c	Effective date of	olan		
								01/01/19	98		
				ss (employer, if for single-employe	r plan)		2b	Employer Identific	cation Number		
STE	STEVE WILLIAMS CUSTOM HOMES, INC.					(EIN) 91-1360221					
4074							2c Plan sponsor's telephone num 206-522-9994				
	TTLE, WA 9	VENUE NORTH 8133-8923					2d	Business code (se			
							236110	ce mandenona)			
				ddress (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's El	N		
STE	/E WILLIAN	IS CUSTOM HON	MES	, INC. 10745 STOI SEATTLE, \				91-13602			
				SEATTEE, V	WA 90133-0	3923	3c	Administrator's te 206-522-			
4 1	f the name :	and/or FIN of the	nlan	sponsor has changed since the la	et return/re	aport filed for this plan, enter the	4h	EIN	9994		
				from the last return/report. Spons		port med for this plan, enter the	40	LIIN			
		·					4c	PN			
5a	Total numb	per of participants	at t	he beginning of the plan year			5a		15		
b	Total numb	per of participants	at t	he end of the plan year			5b		11		
С	Total numb	per of participants	with	account balances as of the end of	of the plan	vear (defined benefit plans do not					
							5c		10		
6a	Were all o	of the plan's asset	s du	ring the plan year invested in eligi	ble assets?	(See instructions.)			X Yes No		
b						ndent qualified public accountant (IQ			X Yes No		
			•	• •		SE and must instead use Form 55			Yes No		
Pa		nancial Infor			-01111 5500-	SF and must instead use Form 55	00.				
7						(a) Paginning of Vac		(b) End o	.f Voor		
-	Plan Assets and Liabilities				7-	(a) Beginning of Year	4	(b) End of Year 25154			
	Total plan assets		<u>7a</u>		0		0				
b	•								251543		
<u>c</u>		plan assets (subtract line 7b from line 7a)									
8				rs for this Plan Year		(a) Amount	(b) Total				
а		ons received or re-		able from: 	8a(1)	129	4				
		•				424	1				
							0				
b	(3) Others (including rollovers) Other income (loss)				8352						
C					0002	1		89056			
d				llovers and insurance premiums	60				03030		
u		`			8d	1079	4				
е	Certain de	emed and/or corre	ectiv	re distributions (see instructions)	8e		0				
f	Administra	tive service provid	ders	(salaries, fees, commissions)	8f	334	3				
g	Other expe	enses			8g		0				
h	Total expe	nses (add lines 8	d, 8e	e, 8f, and 8g)					14137		
i	Net income	e (loss) (subtract l	line	8h from line 8c)	8i				74919		
i				instructions)							

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

SIGN HERE

Signature of employer/plan sponsor

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 2G 2J 2K 3D

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			Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Χ					35000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudor 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					
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 complete Schedule SB (Form							No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?		Yes	X No	
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 instructions, and enter the date of the letter ruling granting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,					
	Enter the minimum required contribution for this plan year			12b					
	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 le negative amount)		[12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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	
	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 control of the PBGC?							× No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)					
13c(1) Name of plan(s):					N(s)	1	3c(3)	PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able ca	use is	establ	ished.				
SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this respectively. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.								
SIGI	Filed with authorized/valid electronic signature. 07/08/2010 MONICA WILL								
HER	-	Enter name of individual signing as plan administrator							

Date

Enter name of individual signing as employer or plan sponsor