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).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	-			
		dentification Information							
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participar	t plan		
	This return/report is for: first return/report final return/report								
		X an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	c extension DFVC program						
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
GLE	ACRES GOLF & COUNTRY	CLUB 401K PLAN				plan number	001		
					4 -	(PN) •			
					1C	C Effective date of plan 05/01/2003			
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	r plan)		2b Employer Identification Number				
	ACRES HOME OWNERS AS					(EIN) 91-0859			
	NACRES GOLF & COUNTRY	CLUB			2c	Plan sponsor's te		number	
	S 112TH ST TLE, WA 98168-2146				2d	Business code (s		ctions)	
						711210		,	
	Plan administrator's name and ACRES HOME OWNERS AS	address (if same as Plan sponsor, essociation 1000 S 1127		e")	3b	Administrator's E 91-0859			
GLLI	NACKES HOWLE OWNERS AS	SEATTLE, V		2146	3c	Administrator's te		number	
						206-244		Tarribor	
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number	er from the last return/report. Sponso	ors name		4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	13			
b		t the end of the plan year			5b			8	
С	Total number of participants w	rith account balances as of the end o	of the plan y	vear (defined benefit plans do not					
	•				5c			8	
		during the plan year invested in eligib					× Yes	No	
D		he annual examination and report of (See instructions on waiver eligibility					X Yes	No	
		ner 6a or 6b, the plan cannot use F							
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	20419)	. ,		25263	
b	Total plan liabilities		. 7b	()			0	
С	Net plan assets (subtract line	7b from line 7a)	. 7с	20419)			25263	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) To	otal		
а	Contributions received or rece		- 40						
					_				
	, ,			475					
h	• • • • • • • • • • • • • • • • • • • •	3)	· · ·	440	_				
b	` ,			4467				4040	
C C	, , ,	8a(2), 8a(3), and 8b)	. 8c					4942	
d		rollovers and insurance premiums	. 8d	98	3				
е		tive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					98	
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i					4844	
j	Transfers to (from) the plan (s	ee instructions)	. 8i						

Part IV	Plan Characteristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D	11 (116	s plant provides wellare benefits, enter the applicable wellare heat	ure codes from the	LIST OF FIATI CHAFA	ICICIIS	110 000	aes III i	ine mstructio	1115.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	Δ.	mount	
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a	×				
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)		•	10b		X			
С	Wa	s the plan covered by a fidelity bond?	e plan covered by a fidelity bond?						25000	
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		X			
	insı	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of thructions.)	ne benefits under the	e plan? (See	10e X				127	
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? (Sec			10h X					
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			he					
Part '	VI	Pension Funding Compliance								
11	Is th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Schec	lule SB	3 (Form	Yes	No
12		nis a defined contribution plan subject to the minimum funding req							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	a 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									
		completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Cai	
		er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan				1	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	e result (enter a min	us sign to the left	of a		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 during the plan y	ear or any prior yea	r?					X Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	loyer this year				13a			0
	We	e all the plan assets distributed to participants or beneficiaries, tra								X No
	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;	13c(1) Name of plan(s):						c(2) El	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	ise is	establ	ished.		
SB or	Sch	ralties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.								
SIGN	, F	Filed with authorized/valid electronic signature. 07/12/2010 JEFF BROWN								
HERE	-				ndividual signing as plan administrator					

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

	Pension Benefit Guaranty Corporation	internal Never	•			Ins	pection			
			dance wi	th the instructions to the Form 550	0-SF.					
	Part I Annual Report Identification Information									
Fo	r calendar plan year 2009 or fisc	_	01/01/	2009 and ending	12/31/2009					
Α	This return/report is for:	X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final retu	rn/report						
		an amended return/report	short pla	n year return/report (less than 12 mo	nths)					
_	Check box if filing under:	7 Form 5558	automati	c extension		☐ DFVC program	n			
·	Check box it iming drider.	special extension (enter description	,							
<u> </u>		mation—enter all requested inform	ation		1h	There digit				
та	Name of plan	COUNTRY CLUB 401K PLAN	.T		יין ו	Three-digit plan number				
	GLEN ACRES GOLF &	COUNTRY CLOB 401K PLAN	N			(PN) •	001			
					1c	Effective date of	plan			
						05/01/2003				
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b	Employer Identification Number				
	GLEN ACRES HOME OW GLEN ACRES GOLF &				2-	(EIN) 91 - 0859				
	1000 S 112TH ST	COUNTRY CEOP			20	Plan sponsor's to 206-244-17				
					2d	Business code (s	~~~~~~~			
	SEATTLE	WA 98168-2146				711210				
3a	Plan administrator's name and	address (if same as Plan sponsor, e NERS ASSOCIATION	nter "Sam	e*)	3b	Administrator's E				
		MERS ASSOCIATION			20	91-0859341 Administrator's te	···········			
	1000 S 112TH ST SEATTLE	WA 98168-214	.6		30	206-244-17				
4		an sponsor has changed since the las	st return/re	eport filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		_					
				, ,	4c	PN				
	• •	the beginning of the plan year		, and the second	5a	1.				
		the end of the plan year			5b					
C		th account balances as of the end of			5c		8			
6a	Were all of the plan's assets d	uring the plan year invested in eligible	le assets?	(See instructions.)	tions.) X Ye					
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							X Yes No			
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				***************************************	M 163 140			
Ps	art III Financial Informa		01111 3300-	or and must instead use t offit 55						
7	Plan Assets and Liabilities		<u></u>	(a) Beginning of Year		(b) End o	f Year			
-			7a	2041	9	(5) 2.13 (25263			
	·		7b	2011	0		0			
	•	b from line 7a)	7c	2041			25263			
8	Income, Expenses, and Transf		1	(a) Amount		(b) To				
	Contributions received or received			(a) Amount	+	(6) (0	1401			
•			8a(1)							
	(2) Participants		8a(2)	47	5					
	(3) Others (including rollovers)		8a(3)							
b	Other income (loss)		8b	446	7					
C	Total income (add lines 8a(1), 8	3a(2), 8a(3), and 8b)	8c				4942			
d	Benefits paid (including direct r	ollovers and insurance premiums								
	,		8d	9	8					
_		ve distributions (see instructions)	8e		_					
f	•	s (salarles, fees, commissions)	8f		_					
g	·									
h	• ,	e, 8f, and 8g)					98			
į	` ',	8h from line 8c)	-				4844			
- 1	Transfers to (from) the plan (se	e instructions)	o:		1					

Form 5500-SF 2009 Page 2-Part IV **Plan Characteristics** 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 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... 25000 10c Х Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X or dishonesty? 10d 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 Х 127 instructions.) 10e Has the plan failed to provide any benefit when due under the plan? Х 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 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.... Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 12 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 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 Dav If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Firm 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year.... C Enter the amount contributed by the employer to the plan for this plan year..... 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) No N/A Part VII **Plan Terminations and Transfers of Assets** 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year..... 0 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... 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.) 13c(1) Name of plan(s): 13c(3) PN(s) 13c(2) EIN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. 07/12/2010 Larry Metcalf SIGN **HERE** Enter name of individual signing as plan administrator Date SIGN HERE Signature of employer/plan spons Date Enter name of individual signing as employer or plan sponsor