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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Id	lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 0	1/31/2	2010		
A	Γhis return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	Ţ	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	C Check box if filing under: Form 5558 automatic extension					DFVC progra	ım	
		special extension (enter description				☐ b 3		
Do	rt II Basic Plan Inforr							
	Name of plan	mation—enter all requested information	ation		1h	Three-digit		
	Name of plan NACRES GOLF AND COUNTR	RY CLUB 401(K) PLAN			10	plan number	004	
	7,10,120,002, 7,112,000,111					(PN) ▶	001	
					1c	Effective date of		
						05/01/2	003	
	Plan sponsor's name and address ACRES HOME OWNERS AS	ess (employer, if for single-employer	plan)		2b	Employer Identi		er
GLEI	N ACRES HOWE OWNERS AS	SOCIATION			20	(EIN) 91-085		nhor
	S 112TH ST				20	206-24	4-1720	ibei
SEA	TLE, WA 98168-2146				2d	Business code (ns)
						711210		
3a GLEI	Plan administrator's name and ACRES HOME OWNERS AS	address (if same as Plan sponsor, el SOCIATION 1000 S 112T		∍")	36	Administrator's 91-085		
		SEATTLE, W		2146	3c	Administrator's	elephone nur	nher
					•	206-24		
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
- 1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		10	PN		
5a	Total number of participants at	the beginning of the plan year			5a	FIN		8
								0
		the end of the plan year		:	5b			
С	•	ith account balances as of the end of	. ,	•	5с			0
6a	•	luring the plan year invested in eligib					X Yes	No
		ne annual examination and report of		'				_ _
	•	See instructions on waiver eligibility a		•			^ Yes	No
D-		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year 25263	•	(b) End	of Year	0
	Total plan assets		7a		-			0
b			7b	25263	_			0
<u>C</u>		7b from line 7a)	7c		•			- 0
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal	
а	Contributions received or received (1) Employers	vable from:	8a(1)					
	, , , ,		8a(2)					
	• •)						
b	, ,	/	, ,	-252	2			
C	,	8a(2), 8a(3), and 8b)						-252
d		rollovers and insurance premiums	. 00					
-	to provide benefits)		. 8d	25011				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e					
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h				2	5011
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-2	5263
i	Transfers to (from) the plan (se	ee instructions)	- 8i					

	F	orm 5500-SF 2010 Page 2-					
Par	t IV	Plan Characteristics					
	2E 2	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch					
Part	: V	Compliance Questions					
10	Durir	ng the plan year:		Yes	No	Amount	
а	29 (there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported the 10a.)	d 10b		X		
С	Was	s the plan covered by a fidelity bond?	10c	X		25000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraushonesty?	d 10d		X		
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X		550	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part	VI	Pension Funding Compliance					
11	Is thi: 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and only))	omplete	Sched	dule SE	3 (Form Yes No	
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection	302 of	ERISA? Yes No	
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	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						
If		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Ente	r the minimum required contribution for this plan year			12b		
c	Ento	r the amount contributed by the employer to the plan for this plan year			12c		

•	Little the amount contributed by the employer to the plan for this plan year				
C	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			
e	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

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

ntrol Yes 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.)

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(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.

SIGN	Filed with authorized/valid electronic signature.	07/29/2010	JEFF BROWN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions).....

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service 2009 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 Department of Lebor Employee Benefils Security Administration Internal Revenue Code (the Code). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5580-SF. Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2010 and ending 01/31/2010 single-employer plan A This return/report is for: multiple-employer plan (not multiemployer) one-participant plan This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Glen Acres Golf and Country Club 401(k) Plan plan number (PN) ▶ 001 1c Effective date of plan 05/01/2003 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number Glen Acres Home Owners Association (EIN) 91-0859341 2c Plan sponsor's telephone number 1000 S 112th St 206-244-1720 2d Business code (see instructions) Seathle WΑ 98168-2146 711210 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") Glen Acres Home Owners Association 3b Administrator's EIN 91-0859341 1000 S 112th St Administrator's telephone number Seattle 98168-2146 206-244-1720 4 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 8 b Total number of participants at the end of the plan year..... 5b 0 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes Are you claiming a walver 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.)..... X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year a Total plan assets..... 7a 25263 Ω Total plan liabilities..... 7b 0 0 C Net plan assets (subtract line 7b from line 7a)...... 7¢ 25263 0 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss)..... 8b -252 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) -252 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8đ 25011 Certain deemed and/or corrective distributions (see instructions).... 8e Administrative service providers (salaries, fees, commissions)...... 8f g Other expenses..... 89

8h

81

25011

-25263

	FUITI 5000-5F 2009		Page Z*					
Par	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature codes from	the List of Plan Char	racter	stic Co	ides in	the instru	ictions:
	2E 2F 2G 2J 2K 3D							
ь	If the plan provides welfare benefits, enter the applicable welfare	feature codes from	the List of Plan Char	acteris	stic Co	des in t	he instruc	ations:
Part	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correction Pr	ogram)	10a		х		
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not include tr	ansactions reported	10b		Х		
C	Was the plan covered by a fidelity bond?	*************	***************************************	10c	х			2500
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that w	as caused by fraud	10d		х		····
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)	ier persons by an ir	Surance carrier,	10e	х			55(
f	Has the plan failed to provide any benefit when due under the plan					х		
g	Did the plan have any participant loans? (If "Yes," enter amount as			101				
_	If this is an individual account plan, was there a blackout period? (See instructions an	d 29 CFR	10g		X		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice of	one of the	10h				
Part 1				10i				
11	is this a defined benefit plan subject to minimum funding requirems	ents? (if "Yes," see	instructions and comp	plete S	Schedu	le SB (Form	
	5500))		*************************	******			*******	Yes X No
a i if yo	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortized in this p MB (Form 5500), a	Monti and skip to line 13.	h		ter the Day	date of th	ne letter ruling Year
	Enter the minimum required contribution for this plan year					2b		
C [Enter the amount contributed by the employer to the plan for this plan	an year			, 1	2c		
Г	Subtract the amount in line 12c from the amount in line 12b. Enter to the amount in line 12b. Enter				· L	2d		
	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?) 			[]	Yes	No N/A
Part V								
	las a resolution to terminate the plan been adopted during the plan							X Yes No
	"Yes," enter the amount of any plan assets that reverted to the em	ployer this year	************************	*******	1	3a	 .	0
a	Vere all the plan assets distributed to participants or beneficiaries, to the PBGC?				*1*******	rol 		X Yes No
C If	during this plan year, any assets or liabilities were transferred fron hich assets or liabilities were transferred. (See instructions.)	n this plan to anothe	er plan(s), identify the	plan(s) to			
130	(1) Name of plan(s):				13c(2	EIN(s	<u>5)</u>	13c(3) PN(s)
aution	: A penalty for the late or incomplete filing of this return/repor	t will be assessed	uniess reasonable	Carre	is act	ablich	ed	<u> </u>
inder p B or St	enalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well a is true, correct, and complete.	declare that I have	examined this return	Ironoi	t inch	ding if	annlicabl	le, a Schedule lowledge and
SIGN	FurryMellall	7-21-10	Larry Metcal	f			<u></u>	
HERE	Signature of plan administrator	Date	 		clasts			Stephen
::CF!	Jarra Mutrall	7-21-10	Enter name of indiv		signing A / 2	as pla	in admini	Strator
SIGN IERE	Signature of employer/plan sponsor		[] / / / / / / / / / / / / / / / / / /	ر د.	1 1[
	Greening or printing state sportson	Date	Enter name of indiv	/idual	signing	as en	iployer or	plan sponsor