## 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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
A	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description	ı						
Da	rt II Basic Plan Inforr	<b>nation</b> —enter all requested inform					-		
	Name of plan	mation—enter all requested inform	iation		1h	Three-digit	T		
	ISS CUSTOM CABINETS 401(I	K) PLAN			1.5	plan number			
	(	,				(PN) <b>•</b>	001		
					1c	Effective date of			
						04/01/2			
	Plan sponsor's name and addr SS CREATIONS INC	ess (employer, if for single-employer	plan)		<b>2b</b> Employer Identification Number				
СПК	135 CREATIONS INC				(EIN) 01-0648010 <b>2c</b> Plan sponsor's telephone number				
3460	E. JOHN ROWAN BLVD.				502-348-3689				
BARI	OSTOWN, KY 40004				2d	Business code		ıctions)	
2-	<u> </u>		. "0		O.L.	238300			
	Plan administrator's name and ISS CREATIONS INC	address (if same as Plan sponsor, e			3D	<b>3b</b> Administrator's EIN 01-0648010			
01111	OC OREXTIONS INC	BARDSTOW			3c	3c Administrator's telephone number			
						502-34	•		
	•	port filed for this plan, enter the	4b EIN						
I	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		54		
		t the end of the plan year			5b				
	· ·	ith account balances as of the end o			30			36	
C				The state of the s	5с			31	
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Ye	s No	
	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		<u> </u>		
				ons.)			× Ye	s No	
Da	rt III Financial Informa		orm 5500-	SF and must instead use Form 550	00.				
		ation							
7	Plan Assets and Liabilities		_	(a) Beginning of Year	,	(b) End	of Year	465900	
	Total plan assets		. 7a	308717				465809	
b	•	71. ( 1' 7-)		000743	,			405000	
<u> </u>		7b from line 7a)	. 7с	308717				465809	
8	Income, Expenses, and Transf			(a) Amount		(b)	Total		
а	Contributions received or rece (1) Employers	ivable from:	. 8a(1)	1849	9				
	` , ' ,			61830	)				
		)							
b	, ,	, 	` '	110799	9				
С	,	8a(2), 8a(3), and 8b)						174478	
d		rollovers and insurance premiums							
	. `		. 8d	14833	3_				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g	2553	3				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					17386	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					157092	
i	Transfers to (from) the plan (se	ee instructions)	. 8i						

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruc	uons:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amoun	t
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)						X			
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				100000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud									
f	Has	s 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 y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)		) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i		X			
Part \		Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пу	es X No
		his a defined contribution plan subject to the minimum funding requ								es X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	Otion	002 01	LICIO/C:	ш.	Ц
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									
	D Enter the minimum required contribution for this plan year									
		er the amount contributed by the employer to the plan for this plan y					12c			
d							12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	X N/A
Part \	/II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Ye	es X No
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C 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):						<b>13c(2)</b> EIN(s) <b>13c(3</b>			(3) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	08/20/2010	FRANK HARRISC	N					
HERE					individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

15023483177

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is a quired to be filed under sections 104 and 4065 of the Employee Retirement II come Security Act of 1974 (ERISA), and section 6058(a) of the

OMB Nos. 1210-0110 1210-0089

2009

Em	Department of Lebor Internal Revenue Code (the Code).  Inspection									
	nsion Benefit Guaranty Corporation	▶ Complete all s	ntries in acco	rdance with	the instructions to the Form 550	0-SF.				
TOTAL TAX AND DESCRIPTION IN A STRATEGY										
Ford	alendar plan year 2009 or fisca	l plan year beginnir	g	g 01/01/2009 and ending				12/31/2009		
		•		multiple-er	nployer plan (not multiemployer)		one-participa	nt plan		
	ms return/report is ion:	first return/report	ţ	final return	/report					
В	his return/report is for:				year return/report (less than 12 mo	nths)				
	<u>_</u>	an amended retu	TWIEDOR [				DFVC progra	m.		
C	Check box if filing under:	Form 5558	L	eutomatic	extension	1	_ p. vo p. vs.			
		special extension	(enter descrip	tion)						
Pa	rt II Basic Plan Inforn	nation—enter all	equested infon	mation		1				
1a	Name of plan					16	Three-digit plan number			
	Chriss Custom Cabin	ets 401(k)	Plan			1	(PN) ▶	001		
						10	Effective date of			
						'`	04/01/200			
						2b	Employer Identi	fication Number		
2a	Plan sponsor's name and addre Chriss Creations In	ess (employer, if fol LC	single-employ	er plan)			(EIN) 01-064	8010		
	CIII 135 CICAC, COID W.	-				2c	2c Plan sponsor's telephone num			
		T-1					(502)348-			
	3460 E. John Rowan	BIAG.				2d	Business code ( 238300	(see Instructions)		
	Bardstown				KY 40004	26	Administrator's	EIN		
3a	Plan administrator's name and	address (if same a	. Plan sponsor,	: Plan sponsor, enter "Same")			Administrator s	EMIN		
	Bame					3c	Administrator's	telephone number		
4 1	f the name and/or EIN of the pic	on enonsor has cha	nged since the last return/report filed for this plan, enter the			4b EIN				
<b>**</b> (	name. EIN, and the plan numbe	r from the last retu	nireport. Sponsors name			4-	Ac DN			
							4c PN			
5a	Total number of participants at	e plan year			- <u>5a</u>					
b	Total number of participants at	er of participants at the end of the plan year			_5b					
Total number of participants with account balance			s as of the end of the plan year (defined benefit plans do not			ļ.		31		
Ç	complete this item)					5c				
6a	Mess all of the plant's essets of	turing the plan year	invested in elig	gible assets?	(See instructions.)			X Yes No		
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  b 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 or waiver eligibility and conditions.)  Yes No.								X Yes 🗌 No		
-		See instructions or	- waiver ellaibili	tv and conditi	QNS.)			<u> </u>		
	If you answered "No" to eith	er 6a or 6b, the P	an cannot use	1-0tm 2200-	SF and must instead use Form 5	QQU.				
Pa	rt III Financial Inform	ation		2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-> Danie III at Vans	T"	(b) Enc	l of Year		
7	Plan Assets and Liabilities			- ciul il la multan	(a) Beginning of Year 308,7	1 7	(9) 2310	465,809		
а	Total plan assets			<u>7a</u>	300,7	<u> </u>	* F	100,00		
b	Total plan liabilities					<u> </u>	W -	465,809		
C	Net plan assets (subtract line	7b from line 7a)		7с	308,7	1/				
8	Income, Expenses, and Trans	fers for this Plan Y	ar	2000 C.	(a) Amount	1000	(d)	Total		
a	Contributions received or rece	ivable from:			1.5	49	grafic S. C. S. C. On C. Obrosek (1819) fr Oktobres (1819) from the Constability (1819) (1819) from the Constability (1819) from the Constability (1819) (1819) from the Constability of the Constability (1819)	da projectiva pala i na projectiva projectiva del constitucione del constitución del consti		
	(1) Employers				1,849		<ul> <li>Christian Communication (Communication)</li> </ul>			
	(2) Participants				61,5	30	All the many for the property of the second	rinn nam profite infinite minimized helicate profite for helicate and appropria		
	(3) Others (including rollovers	)				of makes positive the second of the second one-second of the second of the second of the second of the second of the second of the second of t				
b	Other income (loss)			<u>8b</u>	110,75					
C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8	b)	8c		33 december 1997		174,478		
ď	Benefits paid (including direct	rollovers and insur	ince premiums	;	14,8	33	And the second s	erroritation of the history of the control of the c		
-	to provide benefits)	***************************************	***************************************	<u>8a</u>	14,0	<del>-  </del>		(2) (april 1 mars) (2) (april 1 mars) (2) (april 1 mars) (3) (april 1 mars) (3) (april 1 mars) (3) (april 1 mars) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
е	Certain deemed and/or correct	tive distributions (s	e instructions)	80				, et 10 (24) (10) (10) (10) (10) (10) (10) (10) (10		
f	Administrative service provide					200	The state of the s	(2000 166 / 19(1)))), (1), (1), (1), (1), (1), (1), (1		
g	Other expenses				2,5	53	Appendix and the second	ngsage dental parasidad as a didag a		
e h				_	ne ne an energia de la Carlo de la Car La Carlo de la	(66.5) 6. (20.50-)				
	Net Income (loss) (subtract lin				Control on the Control of the Contro	7 9 18 9 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 1		157,092		
:	Transfers to (from) the plan (s	ee instructions)				head, 37% 31.37	o designações de esta a produción esta necessario de esta a labora e esta esta produción de esta a labora esta esta de esta a labora esta a labora esta esta esta esta esta esta esta est	(2000) Markeyinder (d. 1. 100) — Jellahi Markeyinder (d. 110) — Jellahi Markeyinder (d. 110) — Jellahi		
J	Danaters to (nom) me bign (s			1 0				Form 8800-SF (2009)		

15023483177

Page 2-Form 5500-SF 2009 Part IV Plan Characteristics If the plan provides pension benefits, enter the ap ilicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2J 2K 2G 2F b 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 No Yes Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DOI 's Voluntary Fiduciary Correction Program) ...... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b on line 10a.).... 10c 100,000 Х Was the plan covered by a fidelity bond?...... Did the plan have a loss, whether or not reimbur led by the plan's fidelity bond, that was caused by fraud d 10d Х or dishonesty? 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 10e instructions.) .... Has the plan failed to provide any benefit when riue 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 10h Х 2520.101-3.) ..... If 10h was answered "Yes," check the box if you either provided the required notice or one of the 101 exceptions to providing the notice applied under 29 CFR 2520.101-3..... Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (If "Yes," complete 12a or 12b, 12c, 12d, and 12 s below, as applicable.) If a waiver of the minimum funding standard for in prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day If you completed line 12a, complete lines 3, 9, at d 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c Enter the amount contributed by the employer to the plan for this plan year..... 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) N/A Yes e Will the minimum funding amount reported on tir e 12d be met by the funding deadline?..... Plan Terminations and Transfers of Assets Part VII Yes X No 13a Has a resolution to terminate the plan been ado ited during the plan year or any prior year? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participar is or beneficiaries, transferred to another plan, or brought under the control ☐ Yes ☒ No If during this plan year, any assets or liabilities viere transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(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. Chris Ballard SIGN Enter name of Individual signing as plan administrator Date 7-8-10 HERE Signature of plan administrator Chris Ballard SIGN Enter name of individual signing as employer or plan sponsor HERE Signature of employer/plan sponsor