## 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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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	Complete all entries in action	cordance wit	h the instructions to the Form 550	0-SF.	-		
	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01	/2009	and ending 1	2/31/2	2009		
Α.	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for: first return/report	final retu	n/report				
	an amended return/report	short plai	n year return/report (less than 12 mo	nths)			
C	Check box if filing under: Form 5558	automatio	cextension		DFVC program		
	special extension (enter desc	ription)			<del>_</del>		
Pa	rt II Basic Plan Information—enter all requested in	formation					
	Name of plan			1b	Three-digit		
	ACY HOMES NW 401(K) PLAN				plan number		
					(PN) 🕨		
				1C	Effective date of plan 09/15/2007		
2a	Plan sponsor's name and address (employer, if for single-empl	over plan)		2b	Employer Identification Number		
	ACY HOMES NW	oyor planij			(EIN) 91-1737760		
				2c	Plan sponsor's telephone number		
	S LK STEVENS RD STEVENS, WA 98258			24	425-334-0573  Business code (see instructions)		
			Zu	236110			
	Plan administrator's name and address (if same as Plan spons			3b	Administrator's EIN		
LEGA		LK STEVENS F FEVENS, WA 9		20	91-1737760		
				30	Administrator's telephone number 425-334-0573		
	the name and/or EIN of the plan sponsor has changed since the	eport filed for this plan, enter the	4b EIN				
ı	name, EIN, and the plan number from the last return/report. Sp	onsor's name		4c	DN		
5a	Total number of participants at the beginning of the plan year .			5a	16		
b	Total number of participants at the end of the plan year			5b	5		
C	Total number of participants with account balances as of the e			่อม	5		
	complete this item)			5c	5		
6a	Were all of the plan's assets during the plan year invested in e	eligible assets?	(See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and repo				X Yes □ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligible If you answered "No" to either 6a or 6b, the plan cannot us	•	•		A les [] No		
Pa	rt III Financial Information	36 1 01111 3300	or and must misteau use i orm 55	<del> </del>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
-	Total plan assets	7a	30523	3	2860		
b	Total plan liabilities				0		
C	Net plan assets (subtract line 7b from line 7a)		30523		2860		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		(3) :		(iii) voitiii		
	(1) Employers	8a(1)	2537	<u> </u>			
	(2) Participants	8a(2)	6169	2			
	(3) Others (including rollovers)	8a(3)		_			
b	Other income (loss)	8b	13478	3			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				22184		
d	Benefits paid (including direct rollovers and insurance premiun to provide benefits)	ns <b>8d</b>	49847	7			
е	Certain deemed and/or corrective distributions (see instruction	s) <b>8e</b>					
f	Administrative service providers (salaries, fees, commissions).	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				49847		
i	Net income (loss) (subtract line 8h from line 8c)	8i			-27663		
i	Transfers to (from) the plan (see instructions)	8i					

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Part IV	Plan	Charac	teristics

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

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		Am	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						
С	Was the plan covered by a fidelity bond?	10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)	iny fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ace service or other organization that provides some or all of the benefits under the plan? (See						
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		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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?.		Yes	X No
	(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 instruction granting the waiver.  Mont you 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		[	12b				
С	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 left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	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?		<u></u>			X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?	ınder	the co	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):	<b>13c(2)</b> EIN(s)				13c(3)	PN(s)	
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					oob!-	0 C-1	adula
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	09/13/2010	SCOTT MORRIS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/13/2010	SCOTT MORRIS				
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-SI

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

P	art I Annual Repo	rt Identification Information	Idiice Willi	the matruch	ons to the Form 550	љог.	<u> </u>		
	a a constitution of the co	9 or fiscal plan year beginning	2009-	01-01	and ending	20	09-12-31		
Α	This return/report is for:	x single-employer plan	multiple-en	nployer plan (n	ot multiemployer)	ſ	one-participant plan		
В	This return/report is for:	first return/report	final return	report					
		an amended return/report	short plan	/ear return/rep	ort (less than 12 mont	ns)			
С	Check box if filing under:	🔀 Form 5558	automatic	•		̈́Γ	DFVC program		
•	Chook box it ming direct.	special extension (enter description)				L			
D	ar II Basic Plan In	formation — enter all requested infor							
	Name of plan	enter all requested injor	nation.			1b	Three-digit		
	·	d (w)					plan number		
	LEGACY HOMES NW 40	I(K) PLAN			(PN) ► 001 Effective date of plan				
							2007-09-15		
2a	Plan sponsor's name and a	ddress (employer, if for single-employer pl	an)			2b	Employer Identification Number		
	LEGACY HOMES NW						(EIN) 91-1737760		
	1806 S LK STEVENS	RD					Plan sponsor's telephone number (425) 334-0573		
		W2 000F0					Business code (see instructions)		
<u>ชร</u> 3a		wA 98258 and address (If same as plan employer, en	tar "Sama"		7		236110 Administrator's EIN		
vu	Same	and address (if same as plan employer, en	ter came			35	Administrator s Env		
						30	Administrator's telephone number		
						-	Administrators telephone number		
4	If the some and/or CIN of th		h h /		also sales the	1h			
7		ne plan sponsor has changed since the las mber from the last return. Sponsor's Name		on med for this	pian, enter the	4b EIN			
						4c	1		
อa b		s at the beginning of the plan year				<u>5a</u> 5b	16		
C	·	s at the end of the plan year s with account balances as of the end of th				<u> 3D</u>	-		
_	complete this item)	<u> </u>		·		5c	5		
		s during the plan year invested in eligible a		•		• •	XYes ☐ No		
b		of the annual examination and report of an 6? (See instructions on waiver eligibility and			iic accountant (IQPA)		X Yes No		
		ither 6a or 6b, the plan cannot use Form		•					
P	art III Financial Info	ormation							
7	Plan Assets and Liabilities		1919	(a) Be	eginning of Year		(b) End of Year		
a	Total plan assets		7a		30,523		2,860		
b	Total plan liabilities		. 7b		0	<u> </u>	0		
C	Net plan assets (subtract lin	ne 7b from line 7a)	7c		30,523		2,860		
8	Income, Expenses, and Tra	ansfers for this Plan Year		(	a) Amount	- CACHEMINA	(b) Total		
а	Contributions received or re	eceivable from:	8a(1)		2,537	1			
	(1) Employers (2) Participants		8a(1)		6,169				
	(3) Others (including rollov	ers)	8a(3)			10			
b	Other income (loss)		8b	<del></del>	13,478				
C	Total income(add lines 8a(	1), 8a(2), 8a(3), and 8b)	8c				22,184		
d	Benefits paid (including dire	ect rollovers and insurance premiums							
	to provide benefits)		8d		49,847	- 3			
e		rective distributions (see instructions)	8e			-	and the expression page.		
1 ~	· .	iders (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8	• • • •	8h	Sprittering		15 27 28	49,847		
į,	Net income (loss) (subject I		8i			8	(27,663)		
<u>」</u>	Transfers to (from) the plan	(see instructions)	8j			thugh.	医一种医生物 化阿拉克斯基基基		

	Form 5500-SF (2009)	r.	Page <b>2-</b>						
Dai	rt IV Plan Characteristics		age Z-		-				
	If the plan provides pension benefits, enter the applicable pension	on feature codes from the Li	ist of Plan Character	istic (	Codes i	n the	instructions	<del></del>	
	2A 2E 2F 2J 2K							•	
	If the plan provides welfare benefits, enter the applicable welfare	e leature codes from the Lis	t of Plan Characters	iiic Co	odes in	tne ir	istructions:		
Pa	Compliance Questions	1	Mark Commence of the Commence						
10	During the plan year:			$\overline{}$	Yes	No		mount	
а	Was there a failure to transmit to the plan any participant contract 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi	ribution within the time perio iduciary Correction Progran	od described in	10a		x			
b	<ul> <li>Were there any nonexempt transactions with any party-in-inter on line 10a.)</li> </ul>	-	•	10b		x			
c	,			10c	ж			•••	100,000
d					-				
	or dishonesty?			10d		х			
е	<ul> <li>Were any fees or commisions paid to any brokers, agents, or of insurance services or other organization that provides some or</li> </ul>								
	instructions.)			10e		х			
f	Has the plan failed to provide any benefit when due under the					х			
g h	, , , , , , , , , , , , , , , , , , , ,			10g		х	Secretaria de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición dela composici	Annual Control	
•	If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.			101				344 A P.	
Pai	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requi							Пуде	X No
12	Is this a defined contribution plan subject to the minimum fund								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as ap							<del>_</del>	
а	If a waiver of the minimum funding standard for a prior year is granting the waiver	being amortized in this plar	year, see instruction	ns, ar	d ente	r the c	ate of the i	etter ruling	
if	you completed line 12a, complete lines 3, 9, and 10 of Sched					Day		1 eai	
b	Enter the minimum required contribution for this plan year				· 🗀	12b	<del></del>		
4		•			· L	12c			
a	Subtract the amount in line 12c from the amount in line 12b. En negative amount)	nter the result (enter a mini	is sign to the leπ of a		. L	12d			
	Will the minimum funding amount reported on line 12d be met			<u></u>			Yes	□No	□N/A
11, 1442.1	tVII Plan Terminations and Transfers of Ass						<del></del>		
13a	Has a resolution to terminate the plan been adopted during the If "Yes," enter the amount of any plan assets that reverted to the			• •		 13a		X Yes	□No 0
b			· · · · · · · · · · · · · · · · · · ·	er the				<del>.</del>	
c	of the PBGC?							Yes	<b>X</b> No
	which assets or liabilities were transferred. (See instructions.)	a morn tins plan to another p	nan(s), identity the p	iaii(S)	10				
	13c(1) Name of plan(s):				130	(2) EI	N(s)	13c(3)	PN(s)
								1	
							<del> </del>		
	ilon: A penalty for the late or incomplete filing of this return/re							<u> </u>	
3B o	er penalties of perjury and other penalties set forth in the instruction or Schedule MB completed and signed by an enrolled actuary, as of f, it is true, perrect, and complete.	ons, I deciare that I have ex well as the electronic version.	amined this return/re on of this return/repor	eport, rt, and	includi I to the	ng, if a best	applicable, a of my know	a Schedule ledge and	
SI	ON Swell	SISOTIO	Scott M	00	<u> 115</u>				<u> </u>
HE	RE Signature of plan administrator	Date	Enter name of indi	vidua	l signin		olan adminis	strator	
11.12.116	SN Scott	2/30/10	5:0H 1	<u>16.</u>	<u>(U 2</u>	<u> </u>			
HE	Ref Signature of employer/plan sponsor	Date	Enter name of indi	vidua	l sianin	n ac e	amnlover or	nlan snon	sor

#### Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Par	Identification							
A	Name of filer, plan administrator, or plan sponeor (see instructions)  LEGACY HOMES NW	Z Z	File Em	<b>r'e identi</b> ployer ide	fying number ntification num	<del>(see instrust</del> ber (EIN).	ione).	
	Number, street, and room or suite no. (If a P.O. box, see instructions.)  1806 S LK STEVENS RD			-17377		NIX.		
	City or town, state and ZIP code	_	500	aai secum	y number (SS	N)		
	LAKE STEVENS WA 98258							
С	Plan name		Pla nun	an iber	Pla MM	an year ending DD YYYY		
			1					
1	LEGACY HOMES NW 401(K) PLAN	0		)   1	12	31	2009	
,			1	!				
2		~		1				
3			<u> </u>					
Par	Extension of Time to File Form 5500 or Form 5500-l	EZ (see ins	truci	ions)				
1	I request an extension of time until 10 / 15 / 2010 to	file Form 5500	or I	Form 550	10-EZ.			
	The application <b>is automatically approved</b> to the date shown on line 1 normal due date of Form 5500 or 5500-EZ for which this extension is recomenths after the normal due date.							
	You must attach a copy of this Form 5558 to each Form 5500 and 55	500-EZ filed a	fter	the due (	date for the	plans listed	in C above.	
Note.	A signature is not required if you are requesting an extension to file Form	5500 or Form	1 550	0-EZ.				
	Extension of Time to File Form 5330 (see instruction							
2	I request an extension of time until to You may be approved for up to a six (6) month extension to file Form 53.			al due da	te of Form 5	330.		
а	Enter the Code section(s) imposing the tax	>	L	Ц_			<del></del> -	
þ	Enter the payment amount attached					b		
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the rev State in detail why you need the extension	ision/amendm	ent o	date .	•	С		
						<del></del> -	<del> </del>	
						<del></del> -		