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

2010

This Form is Open to Public Inspection

	Complete all entries in accordance	rdance wit	h the instructions to the Form 550	0-SF.	•			
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	10	and ending 0	6/15/2	2010			
Α.	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	n/report						
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under: Form 5558	cextension	,	DFVC program				
•	special extension (enter descripti	o externolori		_ 5. vo program				
D.		,						
	IT I Basic Plan Information—enter all requested inform	nation		1 h	There all all			
	Name of plan ACY HOMES NW 401(K) PLAN			ID	Three-digit plan number			
LLO	to thomes two for the target				(PN) ▶ 001			
				1c	Effective date of plan			
					09/15/2007			
	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number			
LEGA	ACY HOMES NW			20	(LIIV)			
	S LK STEVENS RD			20	Plan sponsor's telephone number 425-334-0573			
LAKE	STEVENS, WA 98258			2d	Business code (see instructions)			
					236110			
3a	Plan administrator's name and address (if same as Plan sponsor, eACY HOMES NW 1806 S LK S	enter "Same	e")	3b	Administrator's EIN 91-1737760			
	LAKE STEV			30	Administrator's telephone number			
				00	425-334-0573			
	the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN			
ı	name, EIN, and the plan number from the last return/report. Spons	or's name		40	DN			
52	Total number of participants at the beginning of the plan year				C PN			
				5a	0			
b	Total number of participants at the end of the plan year			5b	0			
С	Total number of participants with account balances as of the end complete this item)		•	5c	0			
6a	Were all of the plan's assets during the plan year invested in eligib				Yes No			
	Are you claiming a waiver of the annual examination and report of		,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		Yes U No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Information		I	1				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	2860	_	0			
b	Total plan liabilities		()		0			
C	Net plan assets (subtract line 7b from line 7a)	7с	2860)	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	8a(1))				
	(1) Employers	` '	()				
	(3) Others (including rollovers)	ranuipants oa(2)			0			
h	Other income (loss)	6a(3)						
b	` '				-63			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
u	to provide benefits)							
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				2797			
i	Net income (loss) (subtract line 8h from line 8c)				-2860			
i	Transfers to (from) the plan (see instructions)							

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
-	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 2F 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara				
_	in the plan provides wellare benefits, enter the applicable wellare reature codes from the List of Flan Chara	iciensi	.10 000	JES III (ne mstructions.
art	V Compliance Questions				
)	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 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		X	
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?	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			
ırt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA? Yes 🖺 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year			12b	
c	Enter the amount contributed by the employer to the plan for this plan year			12c	

Plan Terminations and Transfers of Assets

Part VII

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes No 0 If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

12d

Yes

N/A

X Yes No

No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

C Enter the amount contributed by the employer to the plan for this plan year..... d 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)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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(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.	09/13/2010	TREF FARMER
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

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110

1210-0089

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Part I Annual Report Identification Information									
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 06/15/2010								
Α	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	first return/report	final retu	n/report					
		an amended return/report	short pla	n year return/report (less than 12 mo	nths)				
C Check box if filling under: Form 5558 automatic extension						☐ DFVC progra	m		
_		special extension (enter descrip	ion)						
Pa	rt II Basic Plan Inf	ormation—enter all requested infor							
_	Name of plan	or all reduction in the	nation		1b	Three-digit			
	ACY HOMES NW 401(K) PL	AN				plan number	001		
						(PN) ▶	· · · · · · · · · · · · · · · · · · ·		
					10	Effective date of 09/15/2			
	Plan sponsor's name and a	ddress (employer, if for single-employe	er plan)		2b	Employer Identif			
	io i yio iii ca iii ca ii ca iii ca ii ca				2c	(CIIV)	elephone number		
	S LK STEVENS RD E STEVENS, WA 98258					425-334	1-0573		
E/ 11 12	0 12 VENO, W/ (3020)				2d	Business code (236110	see instructions)		
3a LEG/	Plan administrator's name a	and address (if same as Plan sponsor, 1806 S LK	enter "Sam STEVENS I	e") RD	3b	Administrator's EIN 91-1737760			
		LAKE STE	VENS, WA	98258	3с	3c Administrator's telephone number 425-334-0573			
4	f the name and/or EIN of the	plan sponsor has changed since the l	ast return/re	port filed for this plan, enter the	4b	EIN			
		mber from the last return/report. Spons			_	PN			
5a	Total number of participant	s at the beginning of the plan year			5a		5		
	b Total number of participants at the end of the plan year						0		
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do					5b		0		
		A. d. d. a			5c	<u> </u>	(V)		
	-	its during the plan year invested in elig of the annual examination and report o		•			Yes No		
~		6? (See instructions on waiver eligibility					Yes No		
		either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.				
	rt III Financial Info	rmation	<u> </u>	1					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
a					, -				
b	•			2860		<u></u>	0		
<u>c</u>	,	ne 7b from line 7a)							
8 a	Income, Expenses, and Tra Contributions received or re			(a) Amount		(b) T	otal		
а		eceivable itorii.	8a(1))				
	, , , ,)				
	.,	vers)	1	()				
b	Other income (loss)	•••••		-60	3 .				
С	Total income (add lines 8a)	(1), 8a(2), 8a(3), and 8b)	8c				-63		
đ		ect rollovers and insurance premiums	8d	279	7				
е		rective distributions (see instructions).			7		1 1.		
f	Administrative service prov	iders (salaries, fees, commissions)							
g	Other expenses		8g		1 .		to a		
h		3d, 8e, 8f, and 8g)					2797		
i		line 8h from line 8c)		<u></u>			-2860		
i	, , ,	(see instructions)							

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Page	2.	

Par	t IV	Plan Characteristics		
Qa.	If the	plan provides pension benefits	enter the applicable pension feature codes from the	ne List of Plan Characteristic C

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

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								
10	Du	ing the plan year:				Yes	No	P	mount	
a	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			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporter on line 10a.)						X			
C	Wa	s the plan covered by a fidelity bond?			10c	Х			_	100000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidel lishonesty?	lity bond, that was ca	aused by fraud	10d		Х			
е	The state of the s									
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		Х			
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	•		10i	!				
Part	VI.	Pension Funding Compliance								
11		iis a defined benefit plan subject to minimum funding requirements							Yes	No No
а	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
. •		er the minimum required contribution for this plan year	•	-		Г	12b			
		er the amount contributed by the employer to the plan for this plan					12c			
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minus	s sign to the left	of a		12d		•	
е	Will	the minimum funding amount reported on line 12d be met by the fi	unding 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 ye	ear or any prior year	?					X Yes	No
		es," enter the amount of any plan assets that reverted to the emplo					13a			0
b	We	re all the plan assets distributed to participants or beneficiaries, transe PBGC?	nsferred to another p	plan, or brought i	under	the co			X Yes	∏ No
С		uring this plan year, any assets or liabilities were transferred from to ch assets or liabilities were transferred. (See instructions.)	his plan to another p	olan(s), identify th	ne plai	n(s) to	1			
1	3c(1) Name of plan(s):				13	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	nless reasonab	le cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I condule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	ıT	X Scott	8(30) 10	StoH MO	0((1	5				
HER	_ [Signature of plan administrator	Date	Enter name of in	ndividu	ıal sig	ning as	plan admin	istrator	
SIGN	Ţ	Scale	X13010		1011					
HER	- I	Signature of employer/plan sponsor	312313	Enter name of in			nina as	emplover o	r plan so	onsor
	_									