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-SF.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I Annual Report	Identification Information				
For	calendar plan year 2009 or fis	scal plan year beginning 01/01/20	09	and ending 1	2/31/2	2009
A	This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		_
	·	an amended return/report	short plar	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC program
	J	special extension (enter descript	ion)			
Pa	rt II Basic Plan Info	rmation—enter all requested inform				
	Name of plan	onto an requested into i	nation		1b	Three-digit
	LESS BAY GOLF & COUNTR	RY CLUB 401(K) PLAN				plan number
						(PN)
					1C	Effective date of plan 01/01/1997
2a	Plan sponsor's name and ad-	dress (employer, if for single-employe	er plan)		2b	Employer Identification Number
	LESS BAY GOLF & COUNTR		. ,			(EIN) 91-0824779
F70F		DIV.E			2c	Plan sponsor's telephone number 360-321-5960
	SOUTH COUNTRY CLUB D GLEY, WA 98260	RIVE			2d	Business code (see instructions)
						713900
		nd address (if same as Plan sponsor,		•	3b	Administrator's EIN
USEI	LESS BAY GOLF & COUNTR	LANGLEY,		RY CLUB DRIVE	30	91-0824779 Administrator's telephone number
					30	360-321-5960
		plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan numl	ber from the last return/report. Spons	sor's name		4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	31
b Total number of participants at the end of the plan year				5b	31	
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not				0.0	<u> </u>	
				•	5c	18
6a	Were all of the plan's assets	s during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No
b		the annual examination and report of (See instructions on waiver eligibility				X Yes □ No
		ther 6a or 6b, the plan cannot use I		· ·		
Pa	rt III Financial Inforr					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	136138	3	180575
b	Total plan liabilities		7b			
C	Net plan assets (subtract line	e 7b from line 7a)	7с	136138	3	180575
8	Income, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rec		8a(1)	23690	,	
				4482		
	• • • • • • • • • • • • • • • • • • • •	rs)		7702		
b	.,		` '	23323	3	
C	` '), 8a(2), 8a(3), and 8b)				51495
d		ct rollovers and insurance premiums				
	to provide benefits)		8d	6629	9	
е	Certain deemed and/or corre	ective distributions (see instructions)	8e		_	
f	Administrative service provide	ders (salaries, fees, commissions)	8f		_	
g	•			429	9	
h	Total expenses (add lines 80	d, 8e, 8f, and 8g)	8h			7058
	Not income (loce) (cubtract li					4.4.407
•	` , `	ine 8h from line 8c)(see instructions)				44437

		Form 5500-SF 2009 Page 2- 1						
Pai	t IV	Plan Characteristics						
9a b	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2F 2G 2J 2K 2R 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan						
ar	t V	Compliance Questions						
0		ing the plan year:		Yes	No		Amount	
а	Was	s there a failure to transmit to the plan any participant contributions within the time period describ CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions repo)	X			
С	Wa	as the plan covered by a fidelity bond?	. 100	X				1000000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fi	aud	ı	X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier urance service or other organization that provides some or all of the benefits under the plan? (Sector cructions.)		X				1687
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 year end.)	. 100	X				12896
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)			X			
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	. 10i					
art	: VI	Pension Funding Compliance	•					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 0))					Yes	X No
12	ls tl	his a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or s	ection	302 of	ERISA?	Yes	X No
	,	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in this the waiver.	. Month _					
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin		Γ	126			
b		er the minimum required contribution for this plan year		Г	12b			
۲ C		er the amount contributed by the employer to the plan for this plan year otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th			12c			
d		ative amount in line 120 from the amount in line 12b. Enter the result (enter a minus sign to the amount)		L	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						
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>		
b	of th	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broken PBGC?					Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ch assets or liabilities were transferred. (See instructions.)	ntify the pla	an(s) to)			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	10/06/2010	BILL DAVIS					
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					

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

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

OMB Nos. 1210-0110 1210-0089

2009

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1,500	art [] Annual Report Identification Information	·- / · /			
For	+-1	1/01/2	009 and ending		12/31/2009
Α	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	ı year return/report (less than 12 mor	iths)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
•	special extension (enter description	on)		L.	
D,	int II Basic Plan Information—enter all requested inform				
	Name of plan	ation		1b '	Three-digit
	Useless Bay Golf & Country Club 401(k) P	lan			plan number
					(PN) ▶ 001
					Effective date of plan
0-		-1>			01/01/1997
Za	Plan sponsor's name and address (employer, if for single-employer Useless Bay Golf & Country Club	plan)			Employer Identification Number EIN) 91-0824779
				2c	Plan sponsor's telephone number
	5725 South Country Club Drive				(360)321-5960
	- 1		FIT 00000		Business code (see instructions) 713900
	Langley Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	WA 98260		Administrator's EIN
vu	SAME	inc. cam	[Talling of the control of the contro
				3c /	Administrator's telephone number
4	f the name and/or EiN of the plan sponsor has changed since the la	of roturn/ro	not filed for this plan enter the	46	
	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	3
b	Total number of participants at the end of the plan year			5b	3
C	Total number of participants with account balances as of the end o	f the plan y	ear (defined benefit plans do not	_	
	complete this item)		•	5c	1
	Were all of the plan's assets during the plan year invested in eligib				X Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Information		-		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	136,13	8	180,57
b	Total plan liabilities	. 7b			
C	Net plan assets (subtract line 7b from line 7a)	7c	136,13	8	180,57
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from:	0.41	23,69	ما	
	(1) Employers	. 8a(1)			
	(2) Participants	8a(2)	4,48	4	
1	(3) Others (including rollovers)	. 8a(3)	22.22		
b	Other income (loss)		23,32	3	
۲. C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			51,49
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	6,62	9	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)			7	
g	Other expenses	. 8g	42	9	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				7,05
i	Net income (loss) (subtract line 8h from line 8c)	· ·			44,43
-	- (, (
i	Transfers to (from) the plan (see instructions)	. 8j			

Form	5500	SE	2000	i

Signature of employer/plan sponsor

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D2	
Page Z-	

	Form 5500-5F 2009		ige Z =[
Part	IV Plan Characteristics						******		
9a	f the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2R 3D	ature codes from the	List of Plan Chara	cteris	stic Co	des in	the instructi	ons:	
b	f the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Charac	cteris	tic Cod	des in t	the instruction	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			1,00	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fix or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under the	e plan? (See	10e	Х				1,687
f	Has the plan failed to provide any benefit when due under the plan?			10f	0	Х			15
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end)		10g	Х			3.7	2,896
7	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions and 2	9 CFR	10g	Λ	х			.2,890
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	e of the	10i					
Dart '	/I Pension Funding Compliance						Between entree in ferre		
	Is this a defined benefit plan subject to minimum funding requiremer							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re		THE STATE OF THE S					Yes	
1 24	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate	6 =	11 4 12 01 1110 0000	01 50	, otion (JUL 01	LITTON	Ц	
а	If a waiver of the minimum funding standard for a prior year is being		n year, see instruct	tions	, and e	enter th	ne date of th	e letter ru	ling
	granting the waiver			h		Day		Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l				Г	405	1		
b	Enter the minimum required contribution for this plan year	***************************************			-	12b			
	Enter the amount contributed by the employer to the plan for this pla	250				12c	<u></u>		
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d		7 F	
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets	CERCIFICATION							_
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	r?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?		18 S					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify the	e pla	n(s) to	4		1	
1	3c(1) Name of plan(s):				13	c(2) El	lN(s)	13c(3) PN(s)
:1-:::::::::::::::::::::::::::::::::::									
·									
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasonabl	e cai	use is	establ	lished.		
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have as the electronic vers	examined this retu sion of this return/r	rn/re repor	port, ir t, and	cludin to the l	g, if applical best of my k	ole, a Sch nowledge	edule and
SIGN	All Ab-	10-4-10	RIII .	T	Davi	S		******	
HERI		Date	Enter name of in	divid			s plan admir	nistrator	
SIGN									
HERI	40:11 d	Date	Enter name of in	divid	ual sig	ning a	s employer	or plan sp	onsor

Date

Enter name of individual signing as employer or plan sponsor