## 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

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2010 or fisc	cal plan year beginning 12/01/201	0	and ending 1	1/30/2	2011			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В .	Γhis return/report is for:								
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:		automatio	extension		DFVC program			
	v	special extension (enter description	on)			_			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
	A HOMES, INC. RETIREMENT	ΓPLAN				plan number 001			
						(PN) •			
					1c	Effective date of plan			
22	Dian anangar's name and add	leas (ampleyer if for single ampleyer	· nlon\		2h	12/01/2007			
	A HOMES, INC.	ress (employer, if for single-employer	pian)		20	Employer Identification Number (EIN) 91-1990624			
					2c	Plan sponsor's telephone number			
	100TH STREET SOUTHWES WOOD, WA 98499	ST SUITE 6			0.1	253-460-3714			
	,				2d	Business code (see instructions) 531120			
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
XEN	A HOMES, INC.	d address (if same as Plan sponsor, e 3901 100TH	STREET S	SÓUTHWEST SUITE 6		91-1990624			
LAKEWOOD, WA					3с	Administrator's telephone number 253-460-3714			
<b>4</b> 1	the name and/or FIN of the p	lan sponsor has changed since the la	st return/re	port filed for this plan, enter the	<b>4b</b> EIN				
		er from the last return/report. Sponso		pertined for the plant, error the					
					4c 5a				
5a	5a Total number of participants at the beginning of the plan year					7			
b	• •	at the end of the plan year			5b	7			
С	• • •	with account balances as of the end o		•	5c				
6a	•	during the plan year invested in eligib				X Yes No			
	· ·	the annual examination and report of		,					
		(See instructions on waiver eligibility				Yes   No			
D-		her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
	rt III   Financial Inform	ation		T					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year 308112			
	Total plan assets		. 7a	209711		306112			
b	•			289711	1	308112			
<u>_</u>		7b from line 7a)	. 7с						
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	eivable from:	. 8a(1)						
	(2) Participants		1						
	• •	s)							
b	Other income (loss)		8b	18401					
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c			18401			
d	Benefits paid (including direct	rollovers and insurance premiums							
			. 8d						
e		ctive distributions (see instructions)			+				
t ~		ers (salaries, fees, commissions)			-				
g	•	0- 0( 10-)				0			
n :		, 8e, 8f, and 8g)				18401			
! :		ne 8h from line 8c)				10401			
J	rransiers to (moin) the plan (s	see instructions)	· 8i						

Form 5500-SF 2010 Page <b>2-</b> 1
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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGI ISLIGS

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:

D		e plan provides welfare benefits, enter the applicable welfare featu			otorio		200 111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part	٧	Compliance Questions										
10	During the plan year:						No	Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 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				10000			
d												
е							X					
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	vear end.)		10g		X					
•		is is an individual account plan, was there a blackout period? (See			iug		V					
		20.101-3.)			10h		X					
i		Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part '	VI	Pension Funding Compliance										
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	X No		
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable										
	gra	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter ruli ⁄ear	-		
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	`	•			401					
		er the minimum required contribution for this plan year				T	12b					
		er the amount contributed by the employer to the plan for this plan	•				12c					
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)						12d	<b>_</b>	1 F	1		
		the minimum funding amount reported on line 12d be met by the fundamental fund	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 yea	r?					Yes	X No		
		es," enter the amount of any plan assets that reverted to the emplo					13a					
b		re all the plan assets distributed to participants or beneficiaries, traine PBGC?	nsferred to another	plan, or brought ι	under 	the co	ntrol		Yes	X No		
С		uring this plan year, any assets or liabilities were transferred from to the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to			1			
1:	3c(1	) Name of plan(s):			<b>13c(2)</b> EIN(s) <b>13c</b>			13c(3)	PN(s)			
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.	ı			
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I cledule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicab				
SIGN	1	iled with authorized/valid electronic signature.	09/19/2012	CHARLES B GRA	AMP							
HERI	E	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	as plan administrator				

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-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Information									
_Fo	r calendar plan year 2010 or fiscal plan year beginning	12/01/	2010 <b>and</b>	ending		11/30/2011				
Α	This return/report is for:	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	s than 12 month	hs)					
С	Check box if filing under: X Form 5558	automati	extension			DFVC progra	m			
	special extension (enter descripti									
P	art II Basic Plan Information—enter all requested inform				-	··-				
	Name of plan	1011011			1b	Three-digit				
	XENA HOMES, INC. RETIREMENT PLAN					plan number				
						(PN) ▶	001			
				'	1c	Effective date of	•			
22	Plan sponsor's name and address (employer, if for single-employer	r plan)	* .		2h	12/01/200° Employer Identif				
20	XENA HOMES, INC.	pian)				0624				
	2001 100TH CEDERA COMMUNICA CHIEF C						elephone number			
	3901 100TH STREET SOUTHWEST SUITE 6				0-1	253-460-3				
	LAKEWOOD WA 98499			1	<b>2</b> a	Business code (	see instructions)			
3a	Plan administrator's name and address (if same as Plan sponsor, $\epsilon$ XENA HOMES, INC.	enter "Sam	e")		3b	Administrator's E	EIN			
	XENA HOMES, INC.					91-1990624				
	3901 100TH STREET SOUTHWEST SUITE 6 LAKEWOOD WA 98499			.   ;	3с	Administrator's t 253-460-3	elephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, e	enter the	4b		/14			
-	name, EIN, and the plan number from the last return/report. Sponso		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
						1c PN				
эa	Total number of participants at the beginning of the plan year				5a_					
				1						
b	, , , , , , , , , , , , , , , , , , ,				5b		7			
c b		f the plan y	ear (defined benefit pla	ns do not	5b 5c		7			
6a	Total number of participants with account balances as of the end o complete this item)	of the plan y	rear (defined benefit pla	ns do not	5c		7 X Yes No			
6a	Total number of participants with account balances as of the end o complete this item)	of the plan y ole assets? an indeper	year (defined benefit pla	ns do not	<b>5c</b>		X Yes No			
6a	Total number of participants with account balances as of the end of complete this item)	of the plan your ple assets? an indeper	vear (defined benefit pla (See instructions.) dent qualified public actions.)	ns do not	<b>5c</b>					
6a b	Total number of participants with account balances as of the end o complete this item)	of the plan your ple assets? an indeper	vear (defined benefit pla (See instructions.) dent qualified public actions.)	ns do not	<b>5c</b>		X Yes No			
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan your ple assets? an indeper	(See instructions.) (See instructions.) dent qualified public actions.) SF and must instead u	countant (IQPA	<b>5c</b>		X Yes No			
6a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities	of the plan your ple assets? an indeper	vear (defined benefit pla (See instructions.) dent qualified public actions.)	countant (IQPA	<b>5c</b>		X Yes No			
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan your ple assets? an indeper and condit form 5500-	(See instructions.) (See instructions.) dent qualified public actions.) SF and must instead u	countant (IQPA	<b>5c</b>		X Yes No X Yes No			
6a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit orm 5500-	(See instructions.) (See instructions.) dent qualified public actions.) SF and must instead u	countant (IQPA	<b>5c</b>		X Yes No X Yes No			
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	of the plan you ble assets? an indeper and condit orm 5500-	(See instructions.) (See instructions.) dent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>		X Yes   No   No   No   No   No   No   No   N			
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit form 5500-	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes   No   No   No   No   No   No   No   N			
France 8	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit orm 5500-  7a 7b 7c	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes   No   No   No   No   No   No   No   N			
France 8	Total number of participants with account balances as of the end of complete this item)	of the plan you ble assets? an indeper and condit form 5500-	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes   No   No   No   No   No   No   No   N			
6a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3)	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes   No   No   No   No   No   No   No   N			
France Base Base Base Base Base Base Base Bas	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes No X Yes No Of Year 308112 308112			
6a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3)	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes   No   No   No   No   No   No   No   N			
Property of the control of the contr	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes No X Yes No Of Year 308112 308112			
Property of the control of the contr	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes No X Yes No Of Year 308112 308112			
Property of the control of the contr	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit orm 5500-  7a	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes No X Yes No Of Year 308112 308112			
France Base Base Base Base Base Base Base Bas	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit form 5500-  7a	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes No X Yes No Of Year 308112 308112			
Fee 6a b b c c d e f	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan y ple assets? an indeper and condit form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes No X Yes No Of Year 308112 308112			
France 6a b b c c d e f g	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan you ble assets? an indeper and condit orm 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8g	/ear (defined benefit pla (See instructions.) ndent qualified public actions.) SF and must instead u	countant (IQPA use Form 5500 of Year 289711	<b>5c</b>	(b) End	X Yes			

	Form 5500-SF 2010	P	age <b>2-</b>							
oar	t IV Plan Characteristics									
***********	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Characte	eristic Co	des in	the instru	uctions	 3:	·····	
b	1A 3D If the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan Character	ristic Co	des in	the instru	ctions	:		
Part	V Compliance Questions									
10	During the plan year:			Yes	No		Am	ount		
а										
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C	Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?							10000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			d	Х					
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.)				X					
f	Has the plan failed to provide any benefit when due under the plan?		10	f	Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)	10	g	Х					
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)			h	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									
	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see ins	tructions and complet	e Sched	ule SB	(Form	Γ	Yes	X 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?    Yes  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 instructions, and enter the date of the letter ruling granting the waiver.    Month Day Year  If 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					
С	Enter the amount contributed by the employer to the plan for this plan	•			12c	1.1				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	······		L	12d				·	
	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									
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ir?					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the empl				13a					
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?				ntrol 			Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identity the p	ian(s) to						
1	3c(1) Name of plan(s):			130	(2) EII	N(s)		13c(3)	PN(s)	
									,	
Unde SB or	on: A penalty for the late or incomplete filing of this return/report penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an approlled actuary, as well as it is true, correct, and complete.	declare that I have	examined this return/r	eport, in	cluding	g, if applic				
SIGN	(My Della )	09/17/2012	CHARLES B GRA	AMP						
HER		Date	Enter name of indivi	dual sigr	ning as	plan adr	ninistr	ator		
SIGN										
	Signature of employer/plan sponsor	Date	Littor name or indivi	addi Siyi	y as	. omproye	J. P	J., JPC		

## XENA HOMES INC. EIN 91-1990624 PLANS 001 AND 002

On Sunday September 16, 2012 a cooling failure led to the destruction of the hard drives and computers at our office. We took the two computers used for plan governmental forms and systems into a pc tech repair. They determined that like most of our hardware the heat spike or electrical spike had damaged the internal components beyond repair. While we do have backups off site the recovery of the data took the remainder of September 16 and all of the 17<sup>th</sup>. We were not able to get into FT William to get revision to our passwords and user names until this morning September 18, 2012.

This was not an employer or plan administrator issue but our problem.

Please send any bill for late filing for the two plans above out of the 14 plans being submitted today

to: Attn: Charles B. Gramp, EA, MSPA. FCCA

Probability Technology, Inc.

424 Island Green Way

Lynden, Washington 98264