## 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 sections 6057(b) and 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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identificatio	n Information								
For calend	lar plan year 2012 or fiscal plan year be	eginning 01/01/2012		and ending 1	2/31/2	2012				
A This re	turn/report is for:	ployer plan a	multiple-employer p	lan (not multiemployer)		a one-particip	oant plan			
<b>B</b> This re	turn/report is: the first retu	ırn/report th	ne final return/report							
	an amende	d return/report a	short plan year return	n/report (less than 12 m	onths)	1				
C Check	box if filing under: X Form 5558	a a	utomatic extension			DFVC progra	ım			
	special exte	ension (enter description)	)			_				
Part II	Basic Plan Information—enter	er all requested informati	ion							
1a Name	•	<u> </u>			1b	Three-digit				
G&K GREG	INC. 401K PROFIT SHARING PLAN					plan number				
					4.0	(PN) •	001			
					10	Effective date of 01/01/	•			
<b>2a</b> Plan s	ponsor's name and address; include ro	om or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 61-13				
					2c	Sponsor's telep				
121 MALAE	SU DRIVE, SUITE 3					859-278				
LEXINGTO	N, KY 40503				2d	Business code (62139	see instructions)			
3a Plan a	dministrator's name and address XSa	me as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's I	EIN			
					30	Administrator's t	elephone number			
					30	Administrator 5	elephone number			
	name and/or EIN of the plan sponsor he, EIN, and the plan number from the la		st return/report filed for	or this plan, enter the	4b	EIN				
	or's name	st return/report.			4c	PN				
<b>5a</b> Total	number of participants at the beginning	of the plan year			5a		3			
<b>b</b> Total	number of participants at the end of the	plan year			5b		3			
	per of participants with account balance	•	• •	•	5c		3			
6a Were	all of the plan's assets during the plan	year invested in eligible	assets? (See instruc	tions.)			X Yes No			
<b>b</b> Are y	ou claiming a waiver of the annual exar	mination and report of an	independent qualifie	ed public accountant (IQ	PA)		D var D Na			
	r 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or I	• ,	,				X Yes No			
	A penalty for the late or incomplete fi alties of perjury and other penalties set						able a Schodule			
SB or Sch	edule MB completed and signed by an true, correct, and complete.									
SIGN	Filed with authorized/valid electronic s	signature.	09/09/2013	KATHY C. GREGORY	/					
HERE	Signature of plan administrator		Date	Enter name of individ	dividual signing as plan administrator					
SIGN	Filed with authorized/valid electronic s	signature.	09/09/2013	KATHY C. GREGORY	THY C. GREGORY					
HERE	Signature of employer/plan spons		Date	Enter name of individ						
Preparer's	name (including firm name, if applicab	e) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			

Par	t III Financial Information										_
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear		_
a	Total plan assets	7a	25869				(12)		386222	2	_
	Total plan liabilities	7b		0			0			_	
	Net plan assets (subtract line 7b from line 7a)	ts (subtract line 7b from line 7a)						3	886222		
	Income, Expenses, and Transfers for this Plan Year	(a) Amount				(b) Total		_			
	Contributions received or receivable from:		(4) 7 1110 4111				(=)				
	(1) Employers	8a(1)	5472	5							
	(2) Participants	8a(2)	4495	51							
	(3) Others (including rollovers)	8a(3)		0							
<u>b</u>	Other income (loss)	8b	3132	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	30998		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	347	3							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3473	3	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							127525	5	
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Cod	des in t	he instruc	ions:			
Part	V Compliance Questions										_
10	During the plan year:				Yes	No		Λ	m4		_
a	Was there a failure to transmit to the plan any participant contribut				103			Amo	Juni		_
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					3900	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40-		X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					_
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	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 provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
112	coop die inc 14 zoewy										
11a 12	11a Enter the amount from Schedule SB line 39										
12				or se	ction	3UZ Of	EKISA?		162	^ IV	J
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the complete line 12a or lines 12b, 12c, 12d, and 12e below,	ng amortiz	ed in this plan year, see instru		and e	_	ne date of			ing	
I.E.	granting the waiver.			th		Day		Yea	r		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year					12b					_
n											

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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 a negative amount)	12d		
е	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 in any plan year?		'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3 <b>c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust GREG, INC. 401K PROFIT SHARING		rust's EIN 70896276	

## orm 5500-SF

partment of the Treasury itemal Revenue Service

Department of Labor a Benefits Security Administration

## 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

in Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instructions to the Form 5	600-SF.	mapocpon:
Annual Report	Identification Information		<u></u>	
indar plan year 2012 or fis		01/01/2012 and ending	12/31/2	012
return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemploye	r) a one	-participant plan
return/report is:	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12	? months)	
at hav if filling under	<b>x</b> Form 5558	automatic extension		C program
ick box if filing under:			لبا	, •
	special extension (enter descript	(01)		
II Basic Plan Info	rmation enter all requested inf	ormation	T 43:	
ame of plan			1b Three-d	
SK GREG INC. 401K	PROFIT SHARING PLAN		(PN) ▶	001
				e date of plan
				/2009
lan sponsor's name and at EK GREG INC.	idress; include room or suite number	(employer, if for a single-employer plan)		er Identification Number 61–1368944
		·		or's telephone number
21 MALABU DRIVE,	CTTMP 3		<b></b>	278-7212
SI WALABU DRIVE,	ports a	•	1	ss code (see instructions)
EXINTON	KY 40503		62139	
lan administrator's name a	and address 🕱 Same as Plan Spor	sor Name 🔲 Same as Plan Sponsor Addres	s   3b Admini	strator's EIN
			3c Admini	strator's telephone number
f the name and/or FIN of the	ne plan sponsor has changed since the	ne last return/report filed for this plan, enter th	e 4b EIN	
name. EIN, and the plan nu	umber from the last return/report.	·		
Sponsor's name			4c PN	·
Total number of participant	s at the beginning of the plan year		<u>5a</u>	3
Total number of participant	s at the end of the plan year		5b	3
Number of participants with	account balances as of the end of the	ne plan year (defined benefit plans do not	5c	3
More ell of the plan's asset	ts during the plan year invested in eli-	gible assets? (See instructions.)	4~**********	X Yes ☐ No
Am was claiming a wolver	of the annual examination and report	of an independent qualified public accountant	t (IQPA)	
under 29 CFR 2520.104-4	67 (See instructions on waiver eligibil	ity and conditions.)	,4 <del>0 -2 00</del> ; 42 <del>70 5 70 6 70 6 70 6 70 70 70 8</del>	X Yes No
if you encommed "No" to	either line 6a or line 6b, the plan c	annot use Form 5500-SF and must instead	use Form 5500.	
sing a marries for the let	to or incomplete filling of this retur	n/report will be assessed unless reasonable	e cause is estat	lished.
	and the same of the same and th	wings the discount of the property of the few	imirebort includio	AND THE STATE OF THE PARTY OF T
or Schedule MB completed of, it is true, correct, and of	i and signed by an enrolled actuary, i	as well as the electronic version of this return/	report, and to the	best of my knowledge and
W LE O	1000	19/6/13	Circuit.	
- Namy A	Sylapu		ividual signing as	plan administrator
RE Signatur of plan at	implement of	AND THE REAL PROPERTY OF THE P	GORN:	A CONTRACTOR OF THE PROPERTY O
Kathy	thegony -			and the same of th
	se on soft and the man in the only one spin Care of			எலுக்குள் கே இசு அகாகை telephone number (optional)
parer's name (including in	n name, if applicable) and address; i	(lenoítac) redmun allur o moon sbulch	tiahela 2	easter Mora consister a transaction of entities of eastern and and the
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			el è	
			AND COLUMN	
			7235 70°KG 6	the gulder being some
				THE PERSON NAMED IN THE PERSON NAMED IN

	art III Financial Information								
7_	Plan Assets and Liabilities	State Page	(a) Beginning of Yea	<u> </u>	T		(b) End	of Year	
а	Total plan assets	-	258,6		· · · · · · · · · · · · · · · · · · ·				
b	Total plan liabilities		230,0	0	+	386,222			
С	Net plan assets (subtract line 7b from line 7a)		258,6		+	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<del>5 /</del>	_		(b) T	386,222	
а	Contributions received or receivable from:	17127723193334434	(a) / linearie			Otal			
	(1) Employers	8a(1)	54,7	25					
	(2) Participants	8a(2)	44,9	51					
b	(3) Others (including rollovers)	8a(3)		0					
C	Other income (loss)		31,3	22					
व	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Si.			130,998	
	to provide benefits)	8d		0			100		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	3,4	73					
g	Other expenses	8g	, , , , , , , , , , , , , , , , , , ,	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3,473	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						127,525	
辶	Transfers to (from) the plan (see instructions)	8j		0	115				
Pa	rt IV Plan Characteristics				- Marian Control	Z.V. (78973) 3741			
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Charac	teristi	c Code	ee in t	he instruct	ione:	
	2E 2G 2J 2K 3D		The state of the s		0 000	oo iii ti	no manaci	ions,	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Characte	eristic	Code	s in the	e instructio	ons:	
Do	irt V Compliance Questions								
10	During the plan year:				.,				
a		tions within	the time period described in	Ι	Yes	No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		x			
C	Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?							
d		************	***************************************	10c	х			39,000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10c 10d	х	x		39,000	
е	or dishonesty?	fidelity bon er persons	d, that was caused by fraud		х			39,000	
е	or dishonesty?	fidelity bon er persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d	х	x		39,000	
	or dishonesty?	fidelity bon er persons of the bene	d, that was caused by fraud  by an insurance carrier, fits under the plan? (See	10d	х	x		39,000	
f	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan	er persons of the bene	d, that was caused by fraud  by an insurance carrier, fits under the plan? (See	10d	х	x		39,000	
e f g	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity bon er persons of the bene an?	d, that was caused by fraud  by an insurance carrier, fits under the plan? (See	10d	х	x		39,000	
f	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	er persons of the bene or of year e	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d 10e 10f	х	x		39,000	
f g	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (	er persons of the bene one one one one one one one one one	that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the	10d 10e 10f 10g	x	x x x		39,000	
f g h	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	er persons of the bene one one one one one one one one one	that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the	10d 10e 10f 10g 10h	х	x x x		39,000	
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  TVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	er persons of the bene s of year e See instru ne required 1-3 ents? (If ")	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the	10d 10e 10f 10g 10h	Sched	x x x	3 (Form	39,000	
f g h i Pa	were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	fidelity bon her persons of the bene her sof year e See instru he required 1-3 hers? (If ")	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the	10d 10e 10f 10g 10h 10i	Sched	x x x	3 (Form		
f g h i Pa	were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  TYPE Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bon her persons of the bene her?  See instru he required 1-3  ents? (If ")	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the	10d 10e 10f 10g 10h 10i	Sched	x x x x			
f g h i Pai 11	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VII Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bon her persons of the bene her sof year e See instru he required hers? (If ")	that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  res," see instructions and compate the plan of the code of th	10d 10e 10f 10g 10h 10i	Sched	x x x x		∵ Yes ※ No	
f g h i Pai 11	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	fidelity bon her persons of the bene s of year e See instru he required l-3 requirement as applicating amortizes	that was caused by fraud  by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  res," see instructions and compate the plan of the Code of t	10d 10e 10f 10g 10h 10i	Sched	x x x x 11a D2 of E	ERISA?	☐ Yes ※ No	
f g h i 111111111111111111111111111111111	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bon her persons of the bene her?  s of year e See instru he required hers? (If ") requirement as applicating amortize	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  fes," see instructions and companies of section 412 of the Code of the	10d 10e 10f 10g 10h 10i	Sched	x x x x 11a D2 of E	ERISA?	☐ Yes ※ No ☐ Yes ※ No he letter ruling	
f g h i 111111111111111111111111111111111	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver  you completed line 12a, complete lines 3, 9, and 10 of Schedule	requirements as applicating amortized	to that was caused by fraud  by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  fes," see instructions and compate of section 412 of the Code of the	10d 10e 10f 10g 10h 10i plete	Sched	x x x x 11a D2 of E	ERISA?	☐ Yes ※ No ☐ Yes ※ No he letter ruling	

	Form 5500-SF 2012	Page 3-			
	Enter the amount contributed by the employer to the plan for this plan year	***************************************	. 12c		<u> </u>
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a regative amount)	minus sign to the left of a	<del> </del>		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline	?		Yes 🗆	No  N/A
Part				103	140 L 14/A
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		Tov	es X No	
	if "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	es [25] 140	<del></del>
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another PBGC?	her plan, or brought under the			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	ner plan(s), identify the plan(s)	to	<u></u>	Tes A NO
1	3c(1) Name of plan(s):	1	Bc(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a N	Name of trust		14b T	rust's EIN	
G	EK GREG, INC. 401K PROFIT SHARING			27-08962	76