	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employed	2	2011
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058 Code (the Code).		
-	ension Benefit Guaranty Corporation					Inspection
Pa	art I Annual Report Id	lentification Information		h the instructions to the Form 5500	J-3F.	
	calendar plan year 2011 or fisca		1	and ending 1	1/30/2	2012
Α -	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final r	eturn/report		_
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descriptio	n)			
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation			
	Name of plan				1b	Three-digit
XENA	HOMES, INC. RETIREMENT	PLAN				plan number (PN) ▶ 001
					1c	Effective date of plan
						12/01/2007
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-1990624
3901	100TH STREET SOUTHWEST				2c	Sponsor's telephone number 253-460-3714
	WOOD, WA 98499				2d	Business code (see instructions) 531120
	Plan administrator's name and HOMES, INC.		STREET S	OUTHWEST SUITE 6		Administrator's EIN 91-1990624
		LAKEWOOD,				Administrator's telephone number 253-460-3714
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the later from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN
а	Sponsor's name				4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	
b	Total number of participants at	the end of the plan year			5b	
С		count balances as of the end of the p	• •	•	5c	
6a		uring the plan year invested in eligibl				X Yes 🗌 No
b	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ndent qualified public accountant (IQF	PA)	
		See instructions on waiver eligibility a		,		X Yes No
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	500-	SF and must instead use Form 550	<i>J</i> U.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	308112		312611
b	Total plan liabilities		7b			
С	Net plan assets (subtract line 7	'b from line 7a)	7c	308112		312611
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or recei	vable from:	8a(1)			
			8a(2)			
)	8a(3)			
b	() ()		8b	4499		
С		8a(2), 8a(3), and 8b)	8c			4499
d	Benefits paid (including direct i	rollovers and insurance premiums	8d			
е	, ,	ive distributions (see instructions)	8e			
f		s (salaries, fees, commissions)	8f			
g	Other expenses		8g			
h		Be, 8f, and 8g)	8h			0
i	()(e 8h from line 8c)	8i			4499
j	Transfers to (from) the plan (se	ee instructions)	8j			

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D 1I
- **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	Dui	ring the plan year:		Yes	No		Amo	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		x				
С	Wa	as the plan covered by a fidelity bond?	10c	Х					10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х				
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? (See tructions.)	10e		х				
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Х				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance				<u></u>			
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•				Π	Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	lf a grai	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver							
b	Ent	er the minimum required contribution for this plan year		[12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d	Sub	ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	١o	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted in any plan year?			١	res X N	lo		
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?						Yes	X No
C	lf d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	estab	lished.			
SB o	r Ścł	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ s true, correct, and complete.							

	Filed with authorized/valid electronic signature.	09/17/2013	CHARLES B GRAMP
SIGN 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

Department of the Traasury Internal Revenue Service This form is req Department of that Retirement Income Employee Benefit Security Administration Retirement Income Pension Benefit Security Administration Complete all en Pension Benefit Guarany Corporation Complete all en Pension Benefit Guarany Corporation Complete all en Persion Benefit Guarany Port Identification Info For calendar plan year 2011 or fiscal plan year beginning A This return/report is for: A This return/report is for: A single-employer first return/report	This form is required to be filed under sections 104 and 4065 of the Employee	Benefit Plan	1 and 4065 of the Employee		2011
President and a second and a second and a second and a second second second second and a second a sec	This form is required to be file	101 and a continue 101	t and 4065 of the Employee		
Employee Benefit Security Administration Pension Benefit Cuaranty Administration Pension Benefit Cuaranty Administration For calendar plan year 2011 or fisco A This return/report is for:		+1014 (EDICA) and	continue COE7/h) and COE0/		1107
Pension Benefit Guarany Corporation Part I Annual Report Id For calendar plan year 2011 or fisce A This return/report is for: B This return/renot is:	The international security act of the internation	al Revenue Code (the	sections oub/(b) and bubb(s) e Code).		This Form is Open to Public
Part I Annual Report Id For calendar plan year 2011 or fisc A A This return/report is for: B This return/report is:	Complete all entries in accordance with the instructions to the Form 5500-SF	rdance with the inst	ructions to the Form 5500-		Inspection
A This return/report is for: B This return/renort is:	Annual Report Identification Information	12/01/2011	and ending	2102/02/11	012
This return/renort is:	X a single-employer plan	a multiple-emplover	a multiple-employer plan (not multifemployer)	a one-ba	a one-participant plan
	the first return/report	the final return/report			
	an amended return/report	a short plan year ret	a short plan year return/report (less than 12 months)		
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	ogram
	special extension (enter description)	(uo			
Part II Basic Plan Inform	Basic Plan Information—enter all requested information	lation			
KENA HOMES, INC. RETI	INC. RETIREMENT PLAN			plan number	r 001
			_	1C Effective date of plan 12/01/2007	te of plan
2a Plan sponsor's name and addre XENA HOMES, INC.	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) XENA HOMES, INC.	employer, if for a sing		2b Employer Id (EIN) 91 - 1	2b Employer Identification Number (EIN) 91-1990624
3901 100TH STREET SOU	SOUTHWEST SUITE 6			2c Sponsor's telephon	Sponsor's telephone number
	00100			2d Business co	Business code (see instructions)
3a, Plan administrator's name and	iss (if same as p	inter "Same")		3b Administrator's EIN	or's EIN
XENA HOMES, INC.			1	91-1990	624
3901 100TH STREET SOU LAKEWOOD	SOUTHWEST SUITE 6 WA 98499			3c Administrato 253-460	Administrator's telephone number 253-460-3714
4 If the name and/or EIN of the p	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	last return/report filed		4b EIN	
name, EIN, and the plan number from the last return/report. a Sponsor's name	per from the last return/report.			4c PN	
5a Total number of participants at	Total number of participants at the beginning of the plan year			5a	2
${f b}$ Total number of participants at the end of the plan year	t the end of the plan year			5b	7
C Number of participants with act complete this item)	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).	plan year (defined be		5c	
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	ole assets? (See instr	uctions.)		X Yes No
D Are you claiming a waiver of th under 29 CFR 2520.104-46? (Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520:104-46? (See instructions on waiver eligibility and conditions.)	an independent quali and conditions.)	ified public accountant (IQP/	()	X Yes No
If you answered "No" to either 6a	if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. t III │	orm 5500-SF and m	ust instead use Form 5500		
7 Plan Assets and Liabilities			(a) Beginning of Year	1 (q)	(b) End of Year
a Total plan assets		. 7a	308112		312611
b Total plan liabilities		. 7b			
	7b from line 7a)	. 7c	308112		312611
	fers for this Plan Year		(a) Amount		(b) Total
 Contributions received or receivable from: (1) Employers 	Ivable from:	. 8a(1)		rradicia - Da C	
(2) Participants		8a(2)		e	
	(8a(3)			
b Other income (loss)		8b	4499		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8a(2), 8a(3), and 8b)	8c			4499
d Benefits paid (including direct r to provide benefits)	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			
Certain deemed and/or correct	Certain deemed and/or corrective distributions (see instructions)	8e		200 - Ung	
f Administrative service provider	Administrative service providers (salaries, fees, commissions)	. 8f			
g Other expenses		89			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8e, 8f, and 8g)	8h			0
Net income (loss) (subtract line	Net income (loss) (subtract line 8h from line 8c)	8			4499
I ransfers to (from) the plan (see instructions)	J I ransters to (from) the plan (see instructions)	. 8j			

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 Part IV
 Plan Characteristics

 9a
 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

 1A
 3D
 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	Part V Compliance Questions				
10	During the plan year:		Yes	Ŷ	Amount
CD	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×	
q	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).	10b		×	
U	Was the plan covered by a fidelity bond?	10c	×		10000
σ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		×	
Θ	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	
÷	Has the plan failed to provide any benefit when due under the plan?	10f		х	
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х	
4	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		×	
	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			
Part	Part VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yas," see instructions and complete Schedule SB (Form 5500))	plete S	Schedu	ule SB	(Form 7es X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	or sec	tion 3	02 of E	RISA? 🗌 Yes 🕅 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			:	
σ	ir a waiver or the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter fuling granting the waiver	tions,	and er	Day_	e date of the letter ruling

Ŧ	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
q	b Enter the minimum required contribution for this plan year	12b		
U	Enter the amount contributed by the employer to the plan for this plan year	12c		
σ	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).	a 12d		
θ	 Will the minimum funding amount reported on line 12d be met by the funding deadline? 		Yes	Yes No N/A
Part	Part VII Plan Terminations and Transfers of Assets			
13a	13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
q	b Viere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ter the control		Yes X No
U	C 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.)	plan(s) to]
-	13c(1) Name of plan(s):	13c(2) EIN(s)	(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 enrougd 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	(the Phone	09/13/2013	09/13/2013 CHARLES B GRAMP
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