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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

| | | lance witl | n the instructions to the Form 5500 | -SF. | | • | | | |
|------|--|--|--|-----------|------------------------------|------------------------|--|--|--|
| | art I Annual Report Identification Information | | | | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/2011 | 1 | and ending 1 | 2/31/2 | 011 | | | | |
| Α | This return/report is for: | a multiple-employer plan (not multiemployer) | | | r) a one-participant plan | | | | |
| | | eturn/report | _ | | · | | | | |
| _ | | | • | ntha\ | | | | | |
| | | | in year return/report (less than 12 mo | ntns) | 7 | | | | |
| С | Check box if filing under: | automatic | extension | | DFVC progra | ım | | | |
| | special extension (enter description | n) | | | | | | | |
| Pa | Irt II Basic Plan Information—enter all requested informa | ation | | | | | | | |
| 1a | Name of plan | | | 1b | Three-digit | | | | |
| | OOD DEVELOPMENT CORPORATION 401(K) PLAN | | | | plan number | | | | |
| | | | | | (PN) ▶ | 001 | | | |
| | | | | 1c | Effective date of | f plan | | | |
| | | | | | 01/01/ | /1997 | | | |
| | Plan sponsor's name and address; include room or suite number (er | mployer, if | for a single-employer plan) | | Employer Identif | | | | |
| VICV | VOOD DEVELOPMENT CORPORATION | | | | (EIN) 91-15 | 31143 | | | |
| | | | | 2c | Sponsor's telep | | | | |
| | MARVIN ROAD NE | | | | 360-438 | | | | |
| | E 307, NO. 561 EY, WA 98516 | | | 2d | | see instructions) | | | |
| | <u>'</u> | | | | 23721 | | | | |
| | Plan administrator's name and address (if same as plan sponsor, en OOD DEVELOPMENT CORPORATION 1401 MARVIN | | | 3b | Administrator's I | EIN 31143 | | | |
| VICV | SUITE 307, N | | E | 20 | | | | | |
| | LACEY, WÁ 9 | | | 36 | Administrator's t 360-438 | elephone number 3-6353 | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the la | ast return/i | report filed for this plan, enter the | 4b | FIN | | | | |
| • | name, EIN, and the plan number from the last return/report. | 201 101011111 | report med for time plant, effici the | TO LIV | | | | | |
| а | Sponsor's name | | 4c PN | | | | | | |
| 5a | Total number of participants at the beginning of the plan year | | | 5a | 5a | | | | |
| b | Total number of participants at the end of the plan year | | | 5b | | | | | |
| С | Number of participants with account balances as of the end of the p | | | 35 | | | | | |
| Ŭ | complete this item) | • (| · | 5c | | | | | |
| 6a | Were all of the plan's assets during the plan year invested in eligible | e assets? | (See instructions.) | | | X Yes No | | | |
| b | Are you claiming a waiver of the annual examination and report of a | | ' | | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | | | | X Yes No | | | |
| | If you answered "No" to either 6a or 6b, the plan cannot use Fo | orm 5500- | SF and must instead use Form 550 | 0. | | | | | |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | of Year | | | | |
| а | Total plan assets | 7a | 49734 | | | 37506 | | | |
| b | Total plan liabilities | 7b | 0 | | | 0 | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 49734 | 379 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | |
| а | Contributions received or receivable from: | | , , | | (2) | | | | |
| _ | (1) Employers | 8a(1) | 0 | | | | | | |
| | (2) Participants | 8a(2) | 3225 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 0 | | | | | | |
| b | Other income (loss) | 8b | -1674 | _ | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 1551 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums | OU | | | | | | | |
| u | to provide benefits) | 8d | 13704 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 75 | | | | | | |
| | | | 0 | | | | | | |
| g | Other expenses (add lines and as of and an) | 8g | | | | 13779 | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | |
| ĺ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | -12228 | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | 0 | | | | | | |

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|--------------------------|-------------------|
| 1 01111 3300 - 01 - 2011 | rage = |

| Part IV | Plan | Characteristics |
|---------|------|-----------------|
| | | |

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 3D 2E 2F 2G 2J 2K 2T
- 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 | | | | | | |
|---|--|----------|----------------------|-------------|--------|-------|
| O During the plan year: | | Yes | No | | Amount | |
| a 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) | 10a | | X | | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | |
| C Was the plan covered by a fidelity bond? | 10c | X | | | | 50000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc or dishonesty? | 10d | | X | | | |
| e 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.) | insurance service or other organization that provides some or all of the benefits under the plan? (See | | | | | |
| 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 | | | | | |
| Part VI Pension Funding Compliance | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co | | | | | . Yes | X No |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co | de or se | ection 3 | 302 of | ERISA?. | . Yes | X No |
| (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructional granting the waiver | nth | | | | | |
| 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 | | | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount) | | L | 12d | | | |
| e 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 | | | | | | |
| 13a Has a resolution to terminate the plan been adopted in any plan year? | | | Y | 'es X | No | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC? | | | | | Yes | X No |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | the pla | n(s) to | 1 | | | |
| 13c(1) Name of plan(s): | | 13 | 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 reasona | ble car | ıse is | establ | ished | | |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this response for Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return. | turn/re | port, ir | cluding | g, if appli | | |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 05/10/2012 | RICHARD E. COBB |
|------|---|------------|--|
| 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

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

2011

This Form is Open to Public Inspection

| | Complete all entries in accord | dance with | it the maddedona to the Form our | • • • • | <u> </u> | | | | | |
|-----|--|---|---------------------------------------|---------|---|--|--|--|--|--|
| | art I Annual Report Identification Information | | | | | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 0 | 01/01/2011 and ending | | | 12/31/2011 | | | | | |
| 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: | | return/report | | | | | | | |
| | an amended return/report | a short pla | an year return/report (less than 12 m | onths) | _ | | | | | |
| С | Check box if filing under: Form 5558 | automatic | c extension | | DFVC program | | | | | |
| | special extension (enter description | n) | | | | | | | | |
| Pa | Int II Basic Plan Information—enter all requested information | ation | | | | | | | | |
| 1a | Name of plan | | | 1b | Three-digit | | | | | |
| | Vicwood Development Corporation | | | | plan number (PN) ▶ 001 | | | | | |
| | 401(k) Plan | | | 10 | Effective date of plan | | | | | |
| | | | | | 01/01/1997 | | | | | |
| 2a | Plan sponsor's name and address; include room or suite number (e | mployer, if | f for a single-employer plan) | 2b | Employer Identification Number | | | | | |
| | Vicwood Development Corporation | | | | (EIN) 91-1531143 | | | | | |
| | | | | 2c | Sponsor's telephone number | | | | | |
| | 1401 Marvin Road NE | • | | 24 | (360) 438-6353 | | | | | |
| | Suite 307, No. 561 | | MTD 00516 | Za | Business code (see instructions) 237210 | | | | | |
| 2- | Lacey Plan administrator's name and address (if same as plan sponsor, er | otor "Same | WA 98516 | 3b | Administrator's EIN | | | | | |
| Эä | Same | iller Same | e <i>)</i> | | , tallimentator of the | | | | | |
| | | | | 3с | Administrator's telephone number | | | | | |
| | | | to a distribution and a shortha | 4b | (360) 438-6353 | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the lame, EIN, and the plan number from the last return/report. | TO CITY | | | | | | | | |
| 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 | | | | | | |
| C | The state of the s | | | 5c | 1 | | | | | |
| | complete this item) | | | | X Yes No | | | | | |
| ba | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a | ie assets : an indener | ndent qualified public accountant (IQ | PA) | | | | | | |
| IJ | under 29 CFR 2520.104-46? (See instructions on waiver eligibility | and conditi | tions.) | ••••• | X Yes U No | | | | | |
| | If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | | |
| Pa | rt III Financial Information | 044000000000000000000000000000000000000 | 刻 | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | . 4 | (b) End of Year 37,506 | | | | | |
| a | Total plan assets | | 49,73 | 34 37 | | | | | | |
| b | • | 7b | 40.73 | 24 | 0 37 , 506 | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 49,73 | 94 | | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total | | | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | | | |
| | (2) Participants | 8a(2) | 3,22 | 5 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| b | Other income (loss) | 8b | (1,674 | } | | | | | | |
| Ç | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 1,551 | | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 13,70 |) 4 | | | | | | |
| е | and the second s | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 15 | | | | | | |
| g | Other expenses | 8g | | 0 4 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | 13,779 | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | (12,228) | | | | | |
| i | Transfers to (from) the plan (see instructions) | | - | 0 | | | | | | |

| Part IV Plan Characteristics | | | | | | | | | |
|--|---|---------------------|--------------------|--------------|------------------|----------------|-------------------|--------------------|-----------|
| 9a | 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K 2T | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature | re codes from the L | ist of Plan Charac | cterist | ic Cod | es in tl | he instruction | ns: | |
| Part | V Compliance Questions | | · | | | | - 10 | | |
| 10 | During the plan year: | | | | Yes | No | А | mount | |
| а | | | | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.) | | 10b | | Х | | | | |
| С | Was the plan covered by a fidelity bond? | | ••••• | 10c | Х | | | 5 | 0,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty? | | | 10d | _ | Х | | | |
| е | insurance service or other organization that provides some or all of the instructions.) | benefits under the | plan? (See | 10e | | Х | | | |
| 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 y | year end.) | | 10g | | X | | | |
| h | If this is an individual account plan, was there a blackout period? (See 2520.101-3.) | | | 10h | | Х | | | |
| i | If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3 | | | 10i | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? | | | | | | | Yes | X No |
| 12 | Is this a defined contribution plan subject to the minimum funding requ | | . | | | | | Yes | X 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 an granting the waiver. | | Mont | tions, th | and e | nter th Day | e date of the | letter ruli ear | ing —— |
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB | | | | _ | | | | |
| b | • | | | | ‴ ├- | 12b | | | |
| C | Enter the amount contributed by the employer to the plan for this plan y | | | | | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount) | | | | | 12d | | | |
| е | e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | | | | |
| Part | VII Plan Terminations and Transfers of Assets | | | | | - | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | | | Y | es X No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the emplo | yer this year | | 1 | 3a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | | | | |
| 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.) | | | | | | | | | |
| 1 | 13c(1) Name of plan(s): | | | | 13c(2) EIN(s) 13 | | | 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 BURNET ME S/1/2012 RICHARD E. COBB | | | | | | | | |
| SIGI | | 2///2/20 Date | Enter name of in | | | nina as | s plan admini | strator | |
| an ann and a | Mani Organizatio Or prair administrator | 2010 | Encor Humb Of III | -41414F | vigi | 59 643 | - proses wwithill | | |

Date

Enter name of individual signing as employer or plan sponsor

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SIGN HERE

Signature of employer/plan sponsor