	Form 5500-SF	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					2011				
	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         the Internal Revenue Code (the Code).									
-	nployee Benefits Security Administration ension Benefit Guaranty Corporation		This Form is Open to Public Inspection							
	· · ·	Complete all entries in accord lentification Information	dance with	n the instructions to the Form 5500	-SF.					
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011				
Α -	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan				
	This return/report is:	the first return/report	the final r	eturn/report						
		an amended return/report	a short pla	n year return/report (less than 12 mo	nths)					
C	C Check box if filing under:									
		special extension (enter descriptio	n)			_				
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation							
	Name of plan				1b	Three-digit plan number				
KYLE	DEVELOPMENT CO. INC 401	(K) PLAN				(PN) ▶ 001				
					1c	Effective date of plan				
						08/17/2005				
Za KYLE	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) 91-1192486				
371 N	NE GILMAN BLVD				2c	Sponsor's telephone number 425-391-1170				
SUIT	E 360 QUAH, WA 98027			-	2d	Business code (see instructions)				
	Plan administrator's name and DEVELOPMENT CO. INC	address (if same as plan sponsor, er 371 NE GILM		?")	Administrator's EIN 91-1192486					
		SUITE 360 ISSAQUAH, V	VA 98027		Administrator's telephone number 425-391-1170					
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN									
a sponsor share       FC         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	4					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not										
complete this item)										
b	<b>b</b> 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.) 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 Informa		Jiii 3300-	or and must mateau use rorm 550	0.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	353990		321045				
b	Total plan liabilities		7b							
C		'b from line 7a)	7c	353990	_	321045				
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total				
а	Contributions received or recei (1) Employers	vapie from:	8a(1)	11810						
	(2) Participants		8a(2)	37447						
	(3) Others (including rollovers)	)	8a(3)							
b	Other income (loss)		8b	-7291						
c		8a(2), 8a(3), and 8b)	8c			41966				
d		ollovers and insurance premiums	8d	74735						
е	· ,	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f	176						
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			74911				
i		e 8h from line 8c)	8i			-32945				
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:

## 2E 2F 2G 2J 2K 3D

**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	During the plan year:		Yes	No	A	mount	:			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Was the plan covered by a fidelity bond?	10c	Х				25000			
d										
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.)	10e	X		1481					
f	Has 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.)	10g		Х						
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		X						
Part	Part VI Pension Funding Compliance									
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))         Yes       X										
lf y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruct granting the waiver	tions, th	and e	enter th	e date of the		ruling			
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of			-						
	negative amount)									
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	a Has a resolution to terminate the plan been adopted in any plan year?									
	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 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.)										
13c(1) Name of plan(s):         13c(2) EIN(s)         13c(3) F						( <b>3)</b> PN(s)				
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl									
مامطا	e nonalting of noving and other nonalting out forth in the instructions. I dealars that I have examined this rate		oort in	مانيطانه	a if analiaah		hodulo			

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	Filed with authorized/valid electronic signature.	06/11/2012	BEVERLY KEFFER
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 Short Form Annual Return/Report of Small Employee							OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					-	2011			
100000000000000000000000000000000000000	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employed Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058						manufacture and the second sec			
Management and the	Employee Benefits Security Administration the Internal Revenue Code (the Code).							s Open to Public pection		
	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instruc	tions to the Form 5500	0-SF.	J			
	calendar plan year 2011 or fisca	lentification Information	01/01/2	011	and ending	nya a sheri da kebara S	12/31/201	1		
and the second second second	F	X a single-employer plan	7		an (not multiemployer)		□ a one-partici			
		the first return/report	-	eturn/report						
B	This return/report is:	an amended return/report			/report (less than 12 mo	onths	)			
C	Check box if filing under:	Form 5558	i i	extension		,	DFVC progra	ım		
0	check box in hing ander.	special extension (enter descript	1							
Pa	rt II Basic Plan Inform	nation—enter all requested inform								
harrison	Name of plan					1b	Three-digit			
	Kyle Development Co	o. Inc 401(k) Plan					plan number (PN)	001		
						1c	Effective date o	Landren and the second s		
							08/17/200	5		
	Plan sponsor's name and addre Kyle Development Co	ess; include room or suite number ( o. Inc	employer, il	for a single-	employer plan)	2b	Employer Identi (EIN) 91-119			
						2c	Sponsor's telep (425) 391-			
	371 NE Gilman Blvd Suite 360 Issaquah			WA	98027	2d	Business code	(see instructions)		
	Plan administrator's name and Same	address (if same as plan sponsor, e	enter "Same	e")		3b	Administrator's	EIN		
	Same				3c	C Administrator's telephone number				
4		lan sponsor has changed since the	last return/	report filed fo	r this plan, enter the	4b	EIN			
2	name, EIN, and the plan numb	per from the last return/report.				40	PN			
a Sponsor's name 5a Total number of participants at the beginning of the plan year						5a	1	9		
		the end of the plan year				5b		4		
C Number of participants with account balances as of the end of the								1		
complete this item) 5c										
	Were all of the plan's assets d						X Yes No			
D	b 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.)									
		er 6a or 6b, the plan cannot use I	orm 5500-	SF and must	t instead use Form 550	00.				
<u>7</u>	Plan Assets and Liabilities	ation	1	(2) 5	Beginning of Year	Т	(b) End	of Year		
a					353,99	0		321,045		
b	5		provide the second s			+				
		b from line 7a)			353,99	0		321,045		
8	Income, Expenses, and Transf	fers for this Plan Year			(a) Amount		(b)	lotal 🛛		
а	Contributions received or recei		8-(1)		11,81	0				
					37,44					
		)		1		1				
b					(7,291	)				
c	1 /	8a(2), 8a(3), and 8b)	A CONTRACTOR DE CARACTERISTICA DE CARACTERISTIC					41,966		
d	Benefits paid (including direct i	rollovers and insurance premiums			74,73	5				
	, , , , , , , , , , , , , , , , , , , ,	·····			/4,/5	-				
e f		tive distributions (see instructions) rs (salaries, fees, commissions)	COMPANY OF CALL OF CALL OF CALL OF CALL OF CALL		17	6				
g		s (salaries, iees, commissions)	and the second distance of the second distanc			1				
9 h		8e, 8f, and 8g)	Completen unter Office Laboration			1		74,911		
i	2 A	e 8h from line 8c)				T		(32,945)		
j		ee instructions)	CONTRACTOR OF CONTRACTOR		inter o 1. por la contra a la contra de c					
Summitteen series		IB Control Numbers see the instructions fo				and the second second		Form 5500-SF (2011)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2011

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	t 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: 2E 2F 2G 2J 2K 3D							
<b>b</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	During the plan year:		Yes	No		Amour	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
с	Was the plan covered by a fidelity bond?	10c	Х				25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
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.)							
f	Has 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.)	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		X				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					[] Y	'es X No	
12								
	(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 instru- granting the waiver	ith	, and e	enter ti Day	ne date o	f the letter _ Year _	ruling	
	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 12c	───			
с	Enter the amount contributed by the employer to the plan for this plan year		ŀ	120			gannen sin sin sin sin sin sin sin sin sin si	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е						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?				Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)			an any analysis to be desired as the second s	
	3c(1) Name of plan(s):		13	c(2) E	IN(s)	130	c(3) PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		aan ay ah	
Unde SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re	port, ir	ncludin	ig, if appl	icable, a S ny knowled	Schedule dge and	
-	A second provide the second prov					and have not been as a strength of the second s		

SIGN	Beverly Reffer	6-8-2012	Beverly Keffer
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