	Form 5500-SF	Corm 5500-5F Short Form Annual Return/Report of Sinal Employee					OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	2011				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058(Code (the Code).	s Open to Public				
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	h the instructions to the Form 5500	-SF.	1115	pection		
		entification Information	_			2040			
	calendar plan year 2011 or fisca	al plan year beginning 01/01/2012			2/18/2				
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-particip	oant plan		
B	This return/report is:	the first return/report		eturn/report					
_			•	an year return/report (less than 12 mo	nths)	-			
C	Check box if filing under:	Form 5558		extension		DFVC progra	m		
		special extension (enter descriptio	-						
		nation—enter all requested information	ation		16	Thursday all with			
	Name of plan OOD DEVELOPMENT CORPO	DRATION 401(K) PLAN			D	Three-digit plan number			
view						(PN) 🕨	001		
					1c	Effective date of 01/01/	•		
2a	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif			
VICV	OOD DEVELOPMENT CORPO	ORATION				(EIN) 91-15	31143		
4.404					2c	Sponsor's telep			
SUIT	MARVIN ROAD NE E 307, NO. 561 Y, WA 98516				2d	Business code (23721			
	Plan administrator's name and OOD DEVELOPMENT CORPO	address (if same as plan sponsor, er RATION 1401 MARVIN			3b	Administrator's	EIN 31143		
VICVV	OOD DEVELOPMENT CORPC	SUITE 307, N LACEY, WAS	IO. 561	L .	3c		elephone number		
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN			
	1	the beginning of the plan year			5a		1		
b	Total number of participants at	the end of the plan year		-	<u>5</u> b		0		
C Number of participants with account balances as of the end of the p									
					5c				
		(See instructions.)			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.)								
_	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	rt III Financial Informa	ation							
(Plan Assets and Liabilities		_	(a) Beginning of Year 37506	-	(b) End	of Year 0		
a b	•			0			0		
c	•	/b from line 7a)		37506			0		
8	Income, Expenses, and Transf		10	(a) Amount		(b) T	otal		
a	Contributions received or recei					(0) 1			
	(1) Employers		8a(1)	0	_				
				2325	_				
)		0	-				
b				2309	_		4634		
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c		-		-00-		
u			8d	42015					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	0					
f	Administrative service provider	s (salaries, fees, commissions)	8f	125					
g	•			0					
h		Be, 8f, and 8g)			-	42140			
i	()(8h from line 8c)					-37506		
J	I ransfers to (from) the plan (se	ee instructions)	8j	0					

Page 2 - 1

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:

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

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	Du	ring the plan year:		Yes	No		A	mou	Int		
а		is 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		х						
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х						
с	W	as the plan covered by a fidelity bond?	10c	Х						5000	0
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х						
е	ins	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	На	s the plan failed to provide any benefit when due under the plan?	10f		Х						
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х						
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Х						
i	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										
Part	VI	Pension Funding Compliance									_
11	ls t 550	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	plete	Schec	lule SE	B (For	m		Yes	X No	<u>_</u>
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Π	Yes	X No	<u>с</u>
	(lf "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	 a 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. 										
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	-						
b	Ent	er the minimum required contribution for this plan year			12b						
С		er the amount contributed by the employer to the plan for this plan year			12c						
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d						
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	No)	N/A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?			XI	/es	No				
		Yes," enter the amount of any plan assets that reverted to the employer this year									0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol					Π	
С	lf d	he PBGC? 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.)						×	Yes)
1) Name of plan(s):		13	c(2) El	N(s)		1:	3c(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	establ	ishe	d.				_
Unde	r pe	nalties of periury and other penalties set forth in the instructions. I declare that I have examined this retu	urn/rei	oort. ir	cludin	a. if a	policab	le. a	Sche	dule	

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.	12/18/2012	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

president and the desident of the	The second s	

Form 5500-SF Short Form Ann	ual Return/Rej	oort of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
Department of the Transfer		2011			
Onpartment of Labor Retirement Income Secur	ee 8(a) of	e			
ension Benefit Guaranty Corporation Complete all entries	in accordance with the	instructions to the Form 550	0-SF.		
rt I Annual Report Identification Informat	ion 01/01/2011	and ending		12/18/20	12
				and the later of t	
	L.		I		
	<u> </u>		nosthel		
an amended return/repor			ionins)		201
		ension	(2111
rt II Basic Plan Information-enter all requeste	d information		115	Three-diail	
			10	plan number	
Vicwood Development Corporation				(PN)	001
401(k) Plan				01/01/199	7
Ples seesest's name and address; include room or suite h	umber (employar, if for	a single-employer plan)	2b	Employer Ident	flication Number
Viewood Development Corporation				- Burris - Burris - Constraints	
			2c	Sponsor's telep	hone number
			24		
1401 Marvin Road NE Suite 307, No. 561		WA 98516	Zu	237210	(380 (113)/00/01/01/07)
Lacey	onsor, enter "Same")	111 2000	3b	Administrator's	EIN
Same			20	Administratoria	loloohoge oumber
			30	Administrator s	telephone minute
	non the last return/repr	rt filed for this plan, enter the	4b	EIN	
If the name and/or EIN of the plan sponsor has changed s	rt.				
Sooosor's name			-	PN	
Total number of participants at the beginning of the plan y	ear		5a		ſ
Total number of participants at the end of the plan year			5b		L,
Number of participants with account balances as of the er	nd of the plan year (defin	ied benefit plans do not			6
					and the second se
complete this item).	CARACTER STREET, STREE	L. A. Marca I			Yes No
complete this item).	d in eligible assels? (Se	e instructions.)			
Complete this Item). Were all of the plan's assets during the plan year investor Are you claiming a waiver of the annual examination and	d in eligible assets? (Se report of an independer eligibility and conditions	e instructions.) I qualified public accountant (II .)	QPA)		Yes No
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	Internet Revenue Service This form is required Department of Labor Retirement Income Secur nptoyee Bonokis Security Administration • Complete all entries encion Benefit Guaranty Corporation • Complete all entries art 1 Annual Report Identification Informaticalendar plan year 2011 or fiscal plan year beginning This roturn/report is for: a single-employer plan This return/report is: the first return/report an amended return/report an amended return/report Check box if filing under: Form 5558 special extension (enter of plan Vicwood Development Corporation 401 (k) Plan Plan sponsor's name and address; include room or suite m Vicwood Development Corporation 1401 Marvin Road NE Suite 307, No. 561 Lacey Plan administrator's name and address (if same as plan sp Same If the name and/or EIN of the plan sponsor has changed s name, EIN, and the plan number from the last return/repo Sponsor's name Total number of participants at the beginning of the plan year.	Department of the Inessary Internal Revenue Sortica Opperment of Labor reprove Benotic Security Activity Actity Activity Activity Activity Activation Activity Acti	Internal Revenue Service' This form is required to be filed under sections 104 and 4065 of the Employer Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code). Image: Comparison of tabor regions description This form is required to be filed under sections 104 and 4065 of the Employer Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code). Image: Comparison of tabor regions description Image: Comparison of the Code). 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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions Part IV

9a

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

Compliance Questions Part V Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 10 X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b on line 10a.) 50,000 Х 10c C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any less 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 е Х 10e instructions.) X 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 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h 2520.101-3.) 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 10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 🕅 No 11 Yes X No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... 12 (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 instructions, and enter the date of the letter ruling If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 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 left of a 12d ncgative amount) N/A No Yes e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Plan Terminations and Transfers of Assets No X Yes Part VII 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," onler the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought under the control X Yes No b 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 transforred. (See instructions.) 13c(3) PN(5) 13c(2) EIN(s) 13c(1) Name of plan(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 Schedulo 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 arract and complete.

Dellet, it is itide, contour, and and the	12/18/1	RICHARD E. COBB
SIGN Suchard C. Loop	Date	Enter name of individual signing as plan administrator
	2	Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of employer/plan sponsor	Date	Enter name of individual alguing color pay