

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>03/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>VIKING FINANCIAL SERVICES 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>10/10/1992</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	2b Employer Identification Number (EIN) <u>91-1543025</u> 2c Sponsor's telephone number <u>206-297-4259</u> 2d Business code (see instructions) <u>551111</u>		
<u>4 NICKERSON, SUITE 200 SEATTLE, WA 98109</u>	<u>4 NICKERSON, SUITE 200 SEATTLE, WA 98109</u>		

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	01/14/2013	LEAH PERRY
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") VIKING BANK 4 NICKERSON, SUITE 200 SEATTLE, WA 98109	3b Administrator's EIN 91-1543025 3c Administrator's telephone number 206-297-4259
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name VIKING BANK	4b EIN 91-1543025 4c PN 001
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5 Total number of participants at the beginning of the plan year	5	114
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☐ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 03/31/2012

A Name of plan <u>VIKING FINANCIAL SERVICES 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VIKING BANK</u>	D Employer Identification Number (EIN) <u>91-1543025</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>03/31/2012</u>		
A Name of plan <u>VIKING FINANCIAL SERVICES 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VIKING BANK</u>	D Employer Identification Number (EIN) <u>91-1543025</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	9302	
(9) Value of interest in common/collective trusts.....	1c(9)	278487	
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3652656	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3940445	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3940445	0
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2786	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2786

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		416
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		178830
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		182032

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	365137	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		365137
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1485	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1485
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		366622

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-184590
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		3755855

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FARRELL & CO., P.S. (2) EIN: 91-1582493

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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 in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

AMERICANWEST BANK 401(K) RETIREMENT PLAN

5b(2) EIN(s)	5b(3) PN(s)
91-1259511	002

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 03/31/2012

A Name of plan <u>VIKING FINANCIAL SERVICES 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VIKING BANK</u>	D Employer Identification Number (EIN) <u>91-1543025</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

VIKING FINANCIAL SERVICES
401(k) SAVINGS PLAN AND TRUST

FINANCIAL STATEMENTS AND SCHEDULE
AS OF MARCH 31, 2012 AND DECEMBER 31, 2011
AND FOR THE THREE MONTHS ENDED
MARCH 31, 2012 AND INDEPENDENT AUDITORS'
REPORT

FARRELL & CO., P.S.

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Trustee
Viking Financial Services 401(k) Savings
Plan and Trust
Seattle, Washington

We were engaged to audit the accompanying statements of net assets available for benefits of Viking Financial Services 401(k) Savings Plan and Trust (the Plan) as of March 31, 2012 and December 31, 2011, the related statement of changes in net assets available for benefits for the three months ended March 31, 2012, and the supplement schedule (1) Schedule H, line 4j-Schedule of Reportable Transactions for the three months ended March 31, 2012. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 6, which was certified by the Charles Schwab Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator obtained a certification from the custodian as of March 31, 2012 and December 31, 2011 and for the three months ended March 31, 2012, that the information provided to the plan administrator by the custodian, is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Farrell & Co., P.S.

Bellevue, Washington
January 4, 2013

VIKING FINANCIAL SERVICES
401(k) SAVINGS PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
MARCH 31, 2012 AND DECEMBER 31, 2011

	March 31, <u>2012</u>	December 31, <u>2011</u>
ASSETS		
Investments, at fair value:		
Investment contract with		
Common Collective Trust	\$ -	\$ 278,487
Mutual funds	<u>-</u>	<u>3,652,656</u>
Total investments	-	3,931,143
Receivables:		
Notes receivable from participants	<u>-</u>	<u>9,302</u>
Total receivables	<u>-</u>	<u>9,302</u>
TOTAL ASSETS	-	3,940,445
LIABILITIES		
Accounts payable	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	-	3,940,445
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS AT CONTRACT VALUE	<u>\$ -</u>	<u>\$3,940,445</u>

See accompanying notes to financial statements.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

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STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE THREE MONTHS ENDED MARCH 31, 2012

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Interest from common collective trust	\$ 416
Dividends from mutual funds	2,786
Net appreciation in fair value of investments in mutual funds	<u>178,830</u>
Total net investment income	<u>182,032</u>
TOTAL ADDITIONS	182,032

DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:

Administrative fees	1,485
Benefits paid to Plan participants	<u>365,137</u>
TOTAL DEDUCTIONS	<u>366,622</u>

NET DECREASE (184,590)

NET ASSETS AVAILABLE FOR BENEFITS:

Transfer of Plan assets to AmericaWest 401(k) Retirement Plan (Note 1)	(3,755,855)
Beginning of year	<u>3,940,445</u>
End of year	<u>\$ -</u>

See accompanying notes to financial statements.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Viking Financial Services/401(k) Savings Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL: The plan was established effective January 1, 1992 and is a defined contribution plan for all of the employees, except leased employees, employees covered by a collective bargaining agreement and nonresident aliens, of Viking Bank (the Company). The Plan is subject to the provisions of ERISA.

TERMINATION OF THE PLAN: During 2011 Viking Bank was acquired by AmericaWest Bank and the Plan was terminated in 2012. On February 2, 2012 substantially all of the remaining net assets of the Plan were transferred to the AmericaWest Bank 401(k) Retirement Plan.

ELIGIBILITY AND AUTOMATIC ENROLLMENT: All employees became eligible to participate in the Plan upon reaching age 18 and completing six full calendar months of consecutive employment or reaching age 18 and completing 1000 hours of service in a twelve consecutive month period. Effective July 1, 2008 the Plan was amended to include an automatic enrollment provision, as detailed in the plan documents, whereby the participant was automatically enrolled at a 4% contribution rate after they meet the eligibility requirements, unless they elect otherwise.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)

FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 1: DESCRIPTION OF THE PLAN (continued)

CONTRIBUTIONS: Under terms of the Plan agreement, participant and Company contributions were determined as follows:

- Employee - Up to 85% of their compensation annually, subject to statutory limitations.
- Employer - Through 2009 the Company made 100% safe harbor matching contributions each year of up to 4% of the employee's compensation. The matching contributions did not apply to the catch up portion of any employee contributions. The Plan was amended and effective January 1, 2010 the 100% matching contribution of up to 4% of the employee's compensation was deleted and employer discretionary matching and profit sharing provisions were added, which could be made at the sole discretion of the Board of Directors of the Company. Employees must have been employed on the last day of the year to receive any discretionary contributions.

Participants could also contribute amounts representing distributions from other defined benefit or contribution plans.

PARTICIPANT ACCOUNTS: Each participant's account was credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants could change the investment of his or her existing account balance among the 401(k) investment funds on a daily basis. All investments are participant directed.

PARTICIPANT LOANS: Participants could borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans were secured by the balance in the participant's account and bore interest at 4.25%, which was commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest was paid ratably through monthly payroll deductions.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)

FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 1: DESCRIPTION OF THE PLAN (continued)

ADMINISTRATION: The Trustee and the Plan Administrator was a member of Company's management. Some administrative costs of the Plan were paid by the Company; however, Plan expenses not paid by the Company were to be paid by the Plan.

VESTING: Participants were 100% vested in their employee, employer safe harbor and discretionary matching contributions and all earnings on those contributions immediately. Participants were vested in the employer discretionary profit sharing contribution at 25% per year of credited service and were vested 100% after four years of credited service. A year of credited service for vesting purposes was a Plan year in which an employee completed 1,000 hours of service. Effective with the termination of the Plan the participants were all 100% vested in their accounts.

FORFEITURES: Through March 31, 2012 the plan has had no forfeitures.

PAYMENT OF BENEFITS: On termination of service due to death, disability or retirement, a participant could elect to receive either a lump-sum payment or rollover amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant could also receive the value of the vested interest in his or her account as a lump-sum distribution. Effective January 1, 2009, the Plan was amended to allow participants to make in-service withdrawals of the vested portion of their account upon their attainment of age 59 ½.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)
FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of the investments includes the plan's gains and losses on investments bought and sold as well as held during the year and investment management fees. All investments are participant directed.

Payment of Benefits

Benefits are recorded when paid.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)
FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent events

The plan has evaluated subsequent events through January 4, 2013, the date the financial statements were available to be issued.

NOTE 3: INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2011.

Description

Morley Stable Value	
Fund, at contract value (Note 5)	\$278,487
PIMCO Total Return Inst Class Fund	803,924
Vanguard 500 Index Signal Fund	344,253
Vanguard Morgan Growth Adm Shares Fd	334,109
PIMCO Commodity Real Return	
Instl Fund	313,212
DFA U.S. Small Cap Value I Fd	296,907
Dodge & Cox International Stock Fd	281,617
Vanguard Windsor II Admiral Shares Fd	371,286
Kalmar Growth with Value	
Small Cap Fund	284,524
American EuroPacific Growth R5 Fd	275,289

All investments are participant directed.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)

FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 4: FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring the fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2- Inputs to the valuation methodology include:

- quoted prices for similar assets and liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3- Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)

FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 4: FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies.

Mutual funds are valued at the net asset value (NAV) of shares held by the plan at year end.

The *common collective trust* was valued at contract value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

The following table set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011:

	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
<u>December 31, 2011</u>				
Mutual Funds				
Index fund	\$ 344,218	\$ 344,218		
Value funds	668,721	668,721		
Growth funds	618,628	618,628		
International Funds	556,885	556,885		
Fixed income funds	963,347	963,347		
Other funds	<u>500,857</u>	<u>500,857</u>		
Total Mutual Funds	3,652,656	3,652,656		
Investment Contract with Common Collective Trust	<u>278,487</u>	<u>-</u>	<u>\$278,487</u>	<u>-</u>
Total	<u>\$3,931,143</u>	<u>\$3,652,656</u>	<u>\$278,487</u>	<u>\$ -</u>

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)

FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 5: INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2004, the Plan entered into a benefit-responsive investment contract with the Gartmore Trust Company through the Union Bond & Trust Company Stable Value Fund Collective Investment Trust for the contract. The Charles Schwab Trust Company maintains the Plan's shares and the third party administrator maintains the participants' accounts. The accounts were credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer was contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract was fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract.

Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 was \$278,487. The crediting interest rate was determined by the Trust, which invested in conventional and synthetic contracts and cash equivalents issued by banks, life insurance companies and other financial institutions. The Plan participated in the gains and losses of the investments, rather than guaranteed interest rates, and therefore the interest rates were generally reset monthly.

Certain events limited the Plan's ability to transact at contract value with the Trust. Such events included the following: (a) withdrawal from the contract as a result of an employer initiated event or a complete or partial termination of the Plan before the contract ends, (b) inclusion of competing investments alternatives as defined in the contract, or (c) the failure of the trust to qualify for exemption from federal income taxes under Employee Retirement Income Security Act of 1974.

During 2011 the Fund blended net crediting rate was 2.13% and the Fund market yield was 2.36%.

VIKING FINANCIAL SERVICES

401(k) SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (Continued)

FOR THE THREE-MONTH PERIOD ENDED MARCH 31, 2012 AND
THE YEAR ENDED DECEMBER 31, 2011

NOTE 6: INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

Under the method permitted by Department of Labor regulations, the Plan has included certain data in the financial statements, which was based on information certified by the custodian, Charles Schwab Trust Company, as accurate and complete. Such data includes investments at fair value, investment income, and reportable transactions as of March 31, 2012 and December 31, 2011 and for the three-month period ended March 31, 2012.

NOTE 7: TAX STATUS

The Plan has received a letter of determination dated January 11, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan was qualified and the related trust was tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the United States Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior 2008.

VIKING FINANCIAL SERVICES
401(k) SAVINGS PLAN AND TRUST
SUPPLEMENTAL SCHEDULE
OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT)

SCHEDULE H, line 4j –SCHEDULE OF REPORTABLE TRANSACTIONS

VIKING FINANCIAL SERVICES 401 (K) SAVINGS
 PLAN AND TRUST
 EIN 91-1543025
 PLAN NUMBER 001
 PLAN YEAR 01/01/2012 TO 03/31/2012

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
DFA US Small Cap Value I Fund		1		\$275,196	\$28,369
Dodge & Cox International Stock Fund		1		\$258,539	\$(20,441)
American Funds EuroPacific Gr R5 Fund		1		\$252,113	\$(7,626)
Kalmer Growth with Value Small Cap Fund		1		\$261,966	\$55,854
Morley Capital Stable Value Fund		1		\$253,277	\$18,940
Pimco Commodity Real Return Instl Fund		1		\$311,649	\$(53,033)
Pimco Total Return Instl Class Fund		2		\$822,702	\$28,845
Vanguard Morgan Growth Admiral Shares Fd		1		\$316,134	\$32,949
Vanguard Windsor II Admiral Shares Fund		1		\$339,592	\$10,109
Vanguard 500 Index Signal Fund		1		\$316,819	\$29,291

• Schedule is prepared using the alternative way of reporting (iii) series transactions.

VIKING FINANCIAL SERVICES
401(k) SAVINGS PLAN AND TRUST
SUPPLEMENTAL SCHEDULE
OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT)

SCHEDULE H, line 4j -SCHEDULE OF REPORTABLE TRANSACTIONS

VIKING FINANCIAL SERVICES 401 (K) SAVINGS
 PLAN AND TRUST
 EIN 91-1543025
 PLAN NUMBER 001
 PLAN YEAR 01/01/2012 TO 03/31/2012

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
DFA US Small Cap Value I Fund		1		\$275,196	\$28,369
Dodge & Cox International Stock Fund		1		\$258,539	\$(20,441)
American Funds EuroPacific Gr R5 Fund		1		\$252,113	\$(7,626)
Kalmer Growth with Value Small Cap Fund		1		\$261,966	\$55,854
Morley Capital Stable Value Fund		1		\$253,277	\$18,940
Pimco Commodity Real Return Instl Fund		1		\$311,649	\$(53,033)
Pimco Total Return Instl Class Fund		2		\$822,702	\$28,845
Vanguard Morgan Growth Admiral Shares Fd		1		\$316,134	\$32,949
Vanguard Windsor II Admiral Shares Fund		1		\$339,592	\$10,109
Vanguard 500 Index Signal Fund		1		\$316,819	\$29,291

• Schedule is prepared using the alternative way of reporting (iii) series transactions.