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).

1210-0089

2011

OMB Nos. 1210-0110

This Form is Open to Public Inspection

		lance witl	n the instructions to the Form 5500	0-SF.		•		
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan		
В	This return/report is: the first return/report	eturn/report	•	<u> </u>				
_			in year return/report (less than 12 mo	anths)				
_	님 ' 님		• •	511t115) [7 DEVC 250050			
C			extension	L	DFVC progra	m		
	special extension (enter description	n)						
Pa	Irt II Basic Plan Information—enter all requested information	ntion						
	Name of plan				Three-digit			
TRU	TINA FINANCIAL 401(K) PROFIT SHARING PLAN				plan number	004		
			·		(PN) •			
				10	Effective date of 07/01			
22	Plan sponsor's name and address; include room or suite number (en	nnlover if	for a single employer plan)	2h				
	EVUE FINANCIAL, INC.	ripioyer, ii	ioi a single-employer plan)		Employer Identif (EIN) 20-29		er Fr	
TRU	TINA FINANCIAL				Sponsor's telep			
				20	425-40			
	1 MAIN STREET EVUE, WA 98004			2d	Business code (see instruction	15)	
					52312		10)	
3a	Plan administrator's name and address (if same as plan sponsor, en	ter "Same	2")	3b	Administrator's I	=IN		
	EVUE FINANCIAL, INC. 10811 MAIN S	STREET	,			51773		
	BELLEVUE, W	VA 98004		3c	Administrator's t		ber	
					425-401	-1211		
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	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI			
	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			1:	
С	Number of participants with account balances as of the end of the pl complete this item)	• (•	5c			1	
60	· · · · · · · · · · · · · · · · · · ·					X Yes	No	
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a		'			A les	INO	
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at					X Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	715183			642553		
b	Total plan liabilities	7b	0			45		
С	Net plan assets (subtract line 7b from line 7a)	7c	715183			642508		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		(a) Amount		(6)	J.ai		
<u> </u>	(1) Employers	8a(1)	19050					
	(2) Participants	8a(2)	59320					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	8271					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				86641		
d	Benefits paid (including direct rollovers and insurance premiums	00						
u	to provide benefits)	8d	153733					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	5583					
g g	Other expenses	8g	0					
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				159316		
;	· · · · · · · · · · · · · · · · · · ·					-72675		
! ;	Net income (loss) (subtract line 8h from line 8c)	8i				-12013		
J	Transfers to (from) the plan (see instructions)	8j						

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Part IV	Plan	Characteristics
railiv	г ган	CHALACIELISTICS

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 2S 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ			
С	Was the plan covered by a fidelity bond?	10c	X				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						
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			
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	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 comp 5500))					Yes	s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s 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 amortized in this plan year, see instruct granting the waiver						
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part					_		
	Has a resolution to terminate the plan been adopted in any plan year?				res X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			
	of the PBGC?					Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plaı	n(s) to				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establ	ished.	1	
Unde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return	rn/rep	ort, in	cludin	g, if applica		
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	eport	, and t	the l	pest of my k	nowledg	e and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/27/2012	RICHARD BUDKE
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

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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

		ntification Information		and the same of th			
For	calendar plan year 2011 or fiscal p	and the same transfer	01/01/20)11 and ending		12/31/201	1
A	This return/report is for:	a single-employer plan	a multiple-	employer plan (not multiemplo	/er)	a one-particip	oant plan
В	B This return/report is:						
		an amended return/report	a short plar	year return/report (less than 1	2 months)	
C	Check box if filing under:	Form 5558	automatic	extension		☐ DFVC progra	m
	Officer box is timing direct.	special extension (enter descri	ption)			_	
Da		ation—enter all requested info					
	Name of plan	tion—enter an requested into	ATTICATION .		1b	Three-digit	
	Trutina Financial 40	1(k) Profit Sharin	g Plan		- 1	plan number	
		_ (5			(PN)	001
					1c	Effective date of 07/01/1986	
20	Plan sponsor's name and address	ar include room or quite numbe	r (omployer if	for a single employer plan	2b		
	Bellevue Financial,		r (employer, ii	or a single-employer plan	20	Employer Identi (EIN) 20-295	
					2c	Sponsor's telep	
	Trutina Financial				1-0	(425) 401-	-1211
	10811 Main Street				2d	Business code ((see instructions)
	Bellevue			WA 98004		523120	
	Plan administrator's name and ad	Idress (if same as plan sponsor	r, enter "Same'	')	3b	Administrator's	EIN
	Same				30	Administrator's	telephone number
					30	Auministrators	telephone number
4	If the name and/or EIN of the plan	n sponsor has changed since t	he last return/re	eport filed for this plan, enter th	e 4b	EIN	
	name, EIN, and the plan number						
_	Sponsor's name					PN	1.5
5a	·						15
b	• • •	·			5b		15
С	Number of participants with acco				5c		15
6a	Section 1 Sectio						X Yes No
	Are you claiming a waiver of the						
	under 29 CFR 2520.104-46? (Se	ee instructions on waiver eligibi	lity and condition	ons.)			X Yes No
_	If you answered "No" to either		e Form 5500-5	SF and must instead use For	n 5500.		
_	art III Financial Informat	ion		4)5		7903	
7	Plan Assets and Liabilities			(a) Beginning of Year	,183	(b) End	of Year 642,553
-				7 4 5	, 183		45
	Common Co			715	,183		642,508
_ <u>c</u>	A A STATE OF THE S		7c		, 103	WAY:	
8	Income, Expenses, and Transfer Contributions received or receiva			(a) Amount		(a)	Total
а	(1) Employers		8a(1)	19	,050		
	(2) Participants		8a(2)	59	,320		
	(3) Others (including rollovers)				0		
b	Other income (loss)	,	8b	8	,271	271	
С	Total income (add lines 8a(1), 8a	a(2), 8a(3), and 8b)	8c				86,641
d	Benefits paid (including direct rol	llovers and insurance premium	s	101	722		
	to provide benefits)			153	,733		
е							
f	Administrative service providers	(salaries, fees, commissions)			,583		
g	Other expenses				0		150 015
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	V022				159,316
I	Net income (loss) (subtract line 8	·					(72,675)
j	Transfers to (from) the plan (see	instructions)	8j				

	F	Form 5500-SF 2011 Page 2 -		_					
Par	t 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: 2A 2E 2F 2G 2J 2S 2T 3D								
þ		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteristi	ic Cod	es in th	ne instructi	ons:		
Part	V	Compliance Questions							
10	W. M. (Williams)								
а	29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Wer on li	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Wa	s the plan covered by a fidelity bond?	10c	Х			150,	000	
d	or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		х				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		х				
f		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 th	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х				
i	If 10	Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sched	dule SE	3 (Form	∏ Yes 🏻	No	
12		0))					Yes X		
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr nting the waiver	nth	, and	enter th Day	ne date of t	the letter ruling Year	_	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	١.	г					
b		er the minimum required contribution for this plan year			12b	-			
C		er the amount contributed by the employer to the plan for this plan year			12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leative amount)	t or a	[12d				
е		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No 📗	N/A	
Part		Plan Terminations and Transfers of Assets							
		s a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	If "Y	res," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	the pla	an(s) t	0				
	13c(1) Name of plan(s):				3c(2) E	IN(s)	13c(3) PI	V(s)	
Cau	tion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasons	ble ca	use is	estab	lished.			
Hod	er nei	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re- nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return to the correct anti-complete.	eturn/re	port, i	ncludir	ng, if applic	cable, a Schedo / knowledge ar	ule 1d	

Date

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Richard Budke

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor