Benefit Plan Benefit Plan Construction is compared and the plan operation is done and dots of the Engineer Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and sections 3005 (P) and SUB3 of Income Security Act of VAY (ERRA), and SUB3 of VAY (ERRA), and		Form 5500-SF	Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089					
Descense of later Descense of later This Form is Open to Public inspection Part I Annual Report Unit Income Standary Act of 1974 (IRRBA), on sections 60570) and e0550(a) of the form 3500-557. This Form is Open to Public inspection Part I Annual Report Unit Income Standary Act of 1974 (IRRBA), and endogs. This Form is Open to Public inspection A This returnisecont is to: If and/descent is the form is open to form 1000 (IRRBA). and endog 22012011 A This returnisecont is to: If and/descent is in annual of sturnisecont If a income standary is income standary act of 1974 (IRRBA), and the instruction pair (IRRBA). Div C program C Check box if filing unice: If a independence intervisecont If a independence intervisecont Div C program Part II Basic Plan Informationenter al reguested information If the manubact extension Div The edge Part II Basic Plan Informationenter al reguested information If the manubact extension Div The edge 18 Neme of plan C Ellective date of plan Control 2000 (IRREA) If the manubact extension Div C 2000 (IRREA) 205 G1/AVENUE SUITE 100 Standard 2000 (IRREA) Standard 2000 (IRREA) It the manubac andub extension (IRREA)						2011						
Inspection I Complete all entromation Inspection Part Annual Report Identification Information and endrog 1201/1211 Part calend all prove 201 for Identification information and endrog 1201/1211 Annual Report Identification Information and endrog 1201/1211 A The teturiveport is In the instructions of the Point State an unpublic employer plan an unpublic employer plan and endrog 1201/1211 C coefficit Auriveport is In the instructions of the Point State Intervention Intervention Intervention C Creack box # filing under: Intervention Intervention Intervention Intervention I A Numo of June Intervention Intervention Intervention Intervention I A Numo of June Intervention Intervention Intervention Intervention I A Numo of June Intervention Intervention Intervention Intervention I A Numo of June Intervention Intervention Intervention Intervention I A Numo of June Intervention <thinterventin< th=""> Interventin <thinterve< th=""><th colspan="4">Department of Labor Retirement Income Security Act of 1</th><th>ISA), and sections 6057(b) and 6058</th><th colspan="3">.f</th></thinterve<></thinterventin<>	Department of Labor Retirement Income Security Act of 1				ISA), and sections 6057(b) and 6058	.f						
Part I Annual Report Identification Information For Bandar plan year 2010 rises plan year beginning Information report is comparison of the comparison	Pension Repetit Queranty Comparation						•					
For catandar gan year 2011 or fixed plan year beginning 0.01/2011 and ending 12212011 A This returnizepoit is to: I a indipe-employer plan (ontro multiemployer) I a one-participant plan I a single-employer plan (ontro multiemployer) I a one-participant plan B This returnizepoit is: I a indipe-employer plan (ontro multiemployer) I a single-employer plan (ontro multiemployer) I a one-participant plan B This returnizepoit is: I a indipe-employer plan (ontro multiemployer) I a single-employer returnizepoit I b First edunity B Total Plan Rot		Complete all entries in accordance with the instructions to the Form 5500-SF.										
A This return/report is a single-employer plan in multiple-employer plan (not multiemployer) in a core participant plan B This return/report is in the first return/report in the first return/report in the plan return/report C Check box if filing under: if form 5558 automatic extension if D Three-digit plan intrometication inter description) Part II Basic Plan Information—enter all requested information 10 Three-digit plan intrometication inter description) REGAL FINANCIAL BANK 201(K) PLAN 10 Three-digit plan intrometication Number (employer, if for a single-employer plan) 20 Employer identification Number (EN) REGAL FINANCIAL BANK 001 20 Employer identification Number (EN) 20 Employer identification Number (EN) SS ATH LE VAS BUILE SUB 4 dentification Number (EN) 223 41 Administrator's tell is the information in the size return/report like for this plan, enter the anone, EN, and the plan number from the last return/report like for this plan, enter the anone, EN, and the plan number from the last return/report like for this plan, enter the anone, EN, and the plan number from the last return/report like for this plan, enter the anone and address (if same as plan sponsor, enter "Same") 30 Administrator's tell is return/report 4 If the name andior EN of the plan sponsor has changed since the last												
B This return/report the first return/report the first return/report C Check box if filing under: C from 5558 dott plan special cotomation (ortext description) Part II Basic Plan Information—enter all requested information The return/report the first return/report 1 Nume of plan the first return/report the first return/report the first return/report 2 Part III Basic Plan Information—enter all requested information The return/report 1 C Check box if filing under: (0) 1 2 Plan sponzer's name and address; include room or aute number (employer, if for a single-employer plan) 2b Employer identified and the plan sponzer's name and address; include room or aute number (employer, if for a single-employer plan) 2c Sponzer's telephore number (EM) 2 Sponzer's name and address; include room or aute number (employer, if for a single-employer plan) 2d Busics code (see instruction) 3 Plan administrator's nume and address; include room or aute number (employer, if for a single-employer plan) 2d Busics code (see instruction) 33 Plan administrator's nume and address; include room or aute num/report. 3b Administrator's EW) 34 If the name end of The plan sponzer has				a multiple	e-employer plan (not multiemployer)		a one-participant plan					
C Check box if filing under:		· .		•								
C Check bax if fling under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 Name of plan 1 DFVC program 1a Name of plan Ib Three-digt plan number 001 10 Three-digt plan number 001 10	_				•	onths)						
Image: Construction of the plan spendor of the plan year. Image: Construction of the plan ye	С	Check box if filing under:				,	-					
Part II Basic Plan Information — enter all requested information 1a Name of plan 1b Three-digit plan number (employer, if for a single-employer plan) 1b Three-digit plan number (PN) 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 1c Elective data of plan OLIGIZO34 2b Employer Identification Number (EIN) 2b Employer Identification Number (EIN) 2c Sponsor's telephone number 208-621-8712 2a Plan sponsor's name and address (if same as plan sponsor, anter "Same") 3c Atministrator's telephone number 208-621-8712 3d Administrator's telephone number 208-621-8712 3a Plan administrator's name and address (if same as plan sponsor, anter "Same") 3c Atministrator's telephone number 208-621-8712 3d Administrator's telephone number 208-621-8712 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ascing and the sant eturn/report. 5a 25 5b 22 5a Total number of participants at the beginning of the plan year	•											
13 Name of plan 10 Three-digit 10 particular 10 particul	Pa											
(PN) ↓ 001 28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 26 Effective date of plan) 295 ATH AVENUE SUITE 100 26 Sponsor's telephone number 26 6216712 206 ATH AVENUE SUITE 100 32 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 39. Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's EIN 30. Total number of participants at the administrator's name 3c Administrator's EIN 3c Administrator's EIN 31. Total number of participants with account biasness as of the plan year. 5b 2c 32. C Number of participants with account biasness as of the end of the plan year (defined benefit plans do not complete his item) 20 Proceeding 32. Marker of the annuel examination and report of an independent qualified public accountant (ICPA) Q Yes No 34. Plan Assets and Liabilities (a) Beginning of Year 20 R0339 35. C 20 20 36 Were all of the plan's assets during the plan cannot use Form S50-SF and must instead use Form S50. Q Yes No 36 Intermer, Expanses, and TLabilities (a) Beginning of Year (b) End of Year	1a		•			1b						
It c Effective date of plan 001/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) REGAL PHANCULE SUITE 205 ATH A VENUE SUITE 100 SEATTLE, WA 98104 2b Employer identification Number (EN) 2d Buildians code (eee instructions) 206 AST 45712 3d Administrator's full 206	REG	AL FINANCIAL BANK 401(K) PL	LAN									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EN) REGAL FINANCIAL BANK 2c Sponsor's telephone number 206-621-8712 2d Employer identification Number 206-621-8712 SSA TH A VENUE SUITE 100 SEATTLE, WA 98104 2c Sponsor's telephone number 206-621-8712 2d Administrator's EIN SEATTLE, WA 98104 3c Administrator's EIN 3b Administrator's EIN 3c Administrator's CIN 3c Administrator's EIN 3c Administrator's EIN 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 (no number (no number of participants with account balances as of the end of the plan year 5a 2z 5a Total number of participants at the edginning of the plan year 5a 2z 20 6a Vera tel of the plan's asset during the plan year invested in eligible assets? (See instructions.) Sc 20 20 7a Coldmend public asset during the plan cannot use Form 5500-SF and must instead use Form 5500. Sc 20 7a Coldmend public assets 7a					-	1c						
REGAL FINANCIAL BANK (Ein) 91-2147291 925 4TH AVENUE SUITE 100 2C Sponsor's biephone number 2006-021-9712 2d Business code (see instructions) 522110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 92-5474-3291 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 filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN of the plan spensor has changed since the last return/report filed for this plan, enter the name, EIN of the plan spensor has changed since the last return/report filed for this plan, enter the name, EIN and the plan nyear 5a 25 5a Total number of participants at the end of the plan year 5a 25 20 6a Were all of the plan's spensor has changed since the plan year (defined benefit plans do not complete this item). 9' Yes] No Yes] No 7 Var you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Ves] No Yes] No 7 Vatal plan assets 7a 469939 600382 7 To that plan asset (subtract line 7a) 7c 469939 600362 7a total plan asset (subtract line 7a) 7c 469939 600362 8a(1) <td< th=""><th></th><th></th><th></th><th></th><th></th><th>10</th><th></th></td<>						10						
26: ATH AVENUE SUITE 100 Image: Sponsor's telephone number 200-621-6712 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3d Business code (see instructions) 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3d C Administrator's EIN Structure, WA 98104 3b Administrator's EIN Structure, WA 98104 3d Administrator's EIN Structure, WA 98104 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. 4d C PN 5a Total number of participants at the end of the plan year 5a 2d 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No 7 Plan Assets and Liabilities 7a 409399 7 Total plan assets. 7a 409399 60:06362 00:06362 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Ontal plan assets (subtract line 7b, from line 7a). 8b -3795 7 Plan Assets (subtract line 7b, from line 7a). 8b -3795 8 Totat plan assets (subtract line 7			ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number					
as ATH AVENUE SUITE 100 206 621-6712 SEATTLE, WA 98104 206 621-6712 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN RECAL FINANCIAL BANK 205 41H AVENUE SUITE 100 3b Administrator's telephone number SEATTLE, WA 98104 3c Administrator's telephone number 3c Administrator's telephone number A 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 for the last return/report filed for this plan, enter the name, EIN, and the plan number for the plan year 3c Administrator's telephone number 5a Total number of participants at the end of the plan year 5a 2s C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Sc 2s 2b C Number of participants with account balances as of the end or the plan year (defined public accountant ((QPA) under 29 CFR 2520.104-47 (See instructions). Yes Ne Yes Ne Vers Q I of the plan sasets Yes of the plan sasets Yes Ne Yes Ne 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year (b) Cotal 7 C Adfinal sasets 7a 469939 6006362 8 Total plan sasets (subtract line 7b from line 7a) 7c <th>REG</th> <th>AL FINANCIAL BANK</th> <th></th> <th></th> <th></th> <th></th> <th></th>	REG	AL FINANCIAL BANK										
32: ATTLE WASHOULE SUITE 100 2d Business code (see instructions) 52:110 33: Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b: Administrator's name and address (if same as plan sponsor, enter "Same") 3b: Administrator's name and address (if same as plan sponsor, enter "Same") 3b: Administrator's telephone number 7:00:00:00:00:00:00:00:00:00:00:00:00:00						2c						
32 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's ellow 3b Administrator's ellow 32 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's ellow 32 Status Avenue's Suffer and Same") SEATILE, WA 98104 3b Administrator's ellephone number 206-621-8712 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 form the last return/report. A approximation of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN of the plan sponsor's name 5a Total number of participants at the beginning of the plan year. 5a 5b 20 No there all of the plan year invested in eligible assets? (See instructions.) D D at value of the annual examination and report of an independent qualified public accountant (IQPA) M Yes No M Yes No the year answere? 'No' to elither & a or bid, the plan sets 7a 40 Beginning of Year 7a Adepase 7a						2d						
REGAL FINANCIAL BANK 925 4TH AVENUE SUITE 100 SEATTLE, WA 98104 91-2147281 3C Administrator's leipenbore number 206-621-8712 3C Administrator's leipenbore number 206-621-8712 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 3C Administrator's leipenbore number 206-621-8712 5a Total number of participants at the beginning of the plan year 5a 5a Total number of participants at the end of the plan year 5a C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Sec 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sec b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 22 CFR 252.01-46? (See instructions on waiver eligibility and conditions.) Yes Part III Financial Information Ta (a) Beginning of Year (b) End of Year a Total plan iabilities 7a 469939 606362 606362 b Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employees 8a(2) 115484 (a) Others (including oflovers) 8a(3) 1082577 b Other income (add lines 8a(1		,					· · · · · · · · · · · · · · · · · · ·					
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. 4 B EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5a 25 b Total number of participants at the end of the plan year. 5a 2c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 20 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions. Yes No f Yes Ob End of Year 066362 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan iassets 7a 469939 606362 5 Total plan assets (subtract line 7b from line 7a) 7c 469939 606362 6 Net plan assets (subtract line 7b from line 7a) 7c 469939 606362 7 Notal plan liabilities						3b						
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. 4b EIN 3 Sponsor's name 5a 25 5a Total number of participants at the beginning of the plan year. 5a 25 5b Total number of participants at the end of the plan year. 5a 25 5b 22 Sbn 22 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 20 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) See Soot. See Soot. b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No f yuasswered 'No.'' to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part IIII Financial Information 7 Plan Assets and Liabilities 7a 409939 606362 a Total plan liabilities. 7b 6 606362 b Total plan isbolities. 7b 6 6 c yearsets. <t< th=""><th colspan="4"></th><th></th><th>3c</th><th></th></t<>						3c						
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 25 b Total number of participants at the end of the plan year 5b 22 c Number of participants at the end of the plan year invested in eligible assets? (See instructions.) 5c 20 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sc 20 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) St Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan iabilities 7a 469939 606362 b Total plan iabilities 7b 1 1 606362 b Income, Expenses, and Transfers for this Plan Year 8a(1) 1 1 </th <th>4</th> <th>If the name and/or EIN of the p</th> <th>lan sponsor has changed since the la</th> <th>ast return/</th> <th>report filed for this plan, enter the</th> <th colspan="4">4b EIN</th>	4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b EIN						
5a Total number of participants at the beginning of the plan year 5a 25 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this inem) 5b 22 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this inem) 5c 20 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Complete this inem) Image: Complete this inem) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complete this inem) Yes No b Yes Or other of participants Yes No Yes No f You answred "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Yes No 7 Plan Assets (subtract line 7b from line 7a) 7c 469939 606362 606362 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 606362 8 Income, flexes (including rollovers) Ba(3) 198257 60 309946 <th>_</th> <th></th> <th>er from the last return/report.</th> <th></th> <th></th> <th>4.0</th> <th>211</th>	_		er from the last return/report.			4.0	211					
b Total number of participants at the end of the plan year b 5b 22 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 20 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No inder 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) Yes No f you answered "No' to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan iiabilities. 7b C 469939 606362 b Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (b) Total a Contributions received or receivable from: 8a(1) (1) Enployers 309946 (a) Others (including rollovers) 8a(3) 198257 309946 309946 b Contributions received or r		1	the beginning of the plan year			-						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 20 Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No A Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No Mark you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No Part III Financial Information Yes No Part III Financial Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 469939 606362 b Total plan assets (subtract line 7b from line 7a). 7c 469939 606362 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 300946 (2) Participants 8a(2) 1115484 309946 309946 Contributions received or receivable from: 8a(3) 198257 309946 309946 C Total income (loss) 8a(3) 198257 309946 309946 309946 309	-				-							
complete this item)						50	22					
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Constructions on waiver eligibility and conditions						5c						
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)	X Yes No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 469939 606362 b Total plan assets (subtract line 7b from line 7a). 7c 469939 606362 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (b) Total (2) Part cipants 8a(2) 115484 (3) Others (including rollovers) 8b -3795 b Other income (loss) 8b -3795 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 309946 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 173523 e Certain deemed and/or corrective distributions (see instructions) 8e 173523 f Administrative service providers (salaries, fees, commissions) 8f 173523 g Other expenses 8g 173523 <th>b</th> <th colspan="7">Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</th>	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a469939606362bTotal plan liabilities7b			e ,		,							
aTotal plan assets7a469939606362bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c4699396063628Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)(b) Total(1)Employers8a(2)115484(3)Others (including rollovers)8a(3)198257bOther income (loss)8b-3795cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c309946dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d173523eCertain deemed and/or corrective distributions (see instructions)8e60fAdministrative service providers (salaries, fees, commissions)8f173523gOther expenses8g173523iNet income (loss) (subtract line 8h from line 8c)8h173523	Pa											
In order prior7abTotal plan liabilities	7	Plan Assets and Liabilities			(a) Beginning of Year							
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	469939		606362					
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (a) Amount (b) Total (1) Employers 8a(2) 115484 (a) Others (including rollovers) 8a(2) 115484 (3) Others (including rollovers) 8a(3) 198257 (b) Total b Other income (loss) 8b -3795 (c) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 309946 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 173523 e Certain deemed and/or corrective distributions (see instructions) 8e 173523 f Administrative service providers (salaries, fees, commissions) 8f 173523 g Other expenses 8g 173523 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 173523 i Net income (loss) (subtract line 8h from line 8c) 8i 136423	b	Total plan liabilities		7b		_						
a Contributions received or receivable from: 8a(1) (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 173523 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 173523 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 173523 i Net income (loss) (subtract line 8h from line 8c) 8i 136423				7c	469939	_	606362					
Ba(1) Ba(2) 115484 (2) Participants Ba(2) 115484 (3) Others (including rollovers) Ba(3) 198257 b Other income (loss) Bb -3795 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 309946 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd 173523 e Certain deemed and/or corrective distributions (see instructions) Be 6 f Administrative service providers (salaries, fees, commissions) Bf 173523 g Other expenses Bg 173523 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 173523 i Net income (loss) (subtract line 8h from line 8c) 8i 136423	-				(a) Amount		(b) Total					
BackBack115484(2) Participants8a(2)115484(3) Others (including rollovers)8a(3)198257b Other income (loss)8b-3795c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c309946d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d173523e Certain deemed and/or corrective distributions (see instructions)8e6f Administrative service providers (salaries, fees, commissions)8f173523g Other expenses8g173523h Total expenses (add lines 8d, 8e, 8f, and 8g)8h173523i Net income (loss) (subtract line 8h from line 8c)8i136423	a			8a(1)								
b Other income (loss)		(2) Participants		8a(2)	115484							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 309946 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 309946 C Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 173523 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 6 g Other expenses 8g 173523 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 173523 i Net income (loss) (subtract line 8h from line 8c) 8i 136423		(3) Others (including rollovers))	8a(3)	198257							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	-3795							
to provide benefits) 8d 1/3523 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 173523 i Net income (loss) (subtract line 8h from line 8c) 8i 136423	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			309946					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	d		•	84	173523							
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	e	· ,										
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 173523 i Net income (loss) (subtract line 8h from line 8c) 8i 136423			, , ,									
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 173523 i Net income (loss) (subtract line 8h from line 8c) 8i 136423		•	· · · · /									
i Net income (loss) (subtract line 8h from line 8c)							173523					
j Transfers to (from) the plan (see instructions)	i			8i			136423					
	j	Transfers to (from) the plan (se	ee instructions)	8j								

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:

2E 2F 2G 2J 2K

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:				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		x				
С	Was the plan covered by a fidelity bond?	10c	X				100	0000
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		X				
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		9618			
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					965
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)).					Ye	s 🗙	No
 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.) 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								
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) PN(s)			N(s)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	BASANT SINGH				
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				

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 Information about Form 5558 and its instructions is at www.irs.gov/form5558

Pa	rt I Identification								
Α	Name of filer, plan administrator, or plan sponsor (see instructions) REGAL FINANCIAL BANK	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXX)							
	Number, street, and room or suite no. (If a P.O. box, see instructions) 925 4TH AVENUE SUITE 100		91-2147281						
	City or town, state, and ZIP code	Social security number (SSN) (9 digits XXX-XX-XXXX)							
	SEATTLE WA 98104								
С	Plan name		Plan number		n year endir DD				
	REGAL FINANCIAL BANK 401(K) PLAN	0	0 1	12	31	2011			
Pa	rt II Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SSA						
1	☐ Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first	Form 5500	series return/r	eport for the	plan listed			
2	I request an extension of time until <u>10 / 15 / 2012</u> to file Form Note. A signature IS NOT required if you are requesting an extension to file Form			instructions).					
3	I request an extension of time until/ /to file Form a Note. A signature IS NOT required if you are requesting an extension to file Form			structions).					
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the n	this e	extension is						
Par	t III Extension of Time To File Form 5330 (see instructions)								
4	I request an extension of time until/ /to file Form a You may be approved for up to a 6 month extension to file Form 5330, after the			of Form 5330).				
a	Enter the Code section(s) imposing the tax	►	а						
k	Enter the payment amount attached			🕨	b				
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a State in detail why you need the extension:	amer	ndment date	🕨	с				
Undo	r panalties of parium. I declare that to the best of my knowledge and balief, the statements made on	thic fo	orm are true o	arroct and comp	loto and that I	am authorized			

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Cat. No. 12005T