Form 5500-SF	Bonofit Plan				OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe			e 2013					
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).				This Form i	s Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500	0-SF.		pection			
Part I         Annual Report Identification Information           For calendar plan year 2013 or fiscal plan year beginning         01/01/2013         and ending         12/31/2013									
For calendar plan year 2013 or fisc	× · · · · ·		<b>v</b>	2/31/2					
A This return/report is for:			an (not multiemployer)		a one-particip	bant plan			
<b>B</b> This return/report is:		e final return/report	ware at the set to set 10 ms		N N				
			n/report (less than 12 mo	ontns					
C Check box if filing under:	4	utomatic extension			DFVC progra	Im			
special extension (enter description)									
Part II         Basic Plan Inform           1a         Name of plan	mation—enter all requested information	on		1h	Three-digit				
THURSTON FIRST BANK 401(K) PL	AN				plan number				
					(PN) 🕨	001			
				1c	Effective date or 01/01/	•			
<b>2a</b> Plan sponsor's name and addr THURSTON FIRST BANK	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 87-07				
P.O. BOX 7877				2c	Sponsor's telephone number 360-528-4111				
OLYMPIA, WA 98507					Business code (see instructions) 522110				
3a Plan administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	<b>3b</b> Administrator's EIN				
				3с	Administrator's t	elephone number			
4 If the name and/or EIN of the p	or this plan, enter the	4b	4b EIN						
name, EIN, and the plan numb	per from the last return/report.		-						
a Sponsor's name	the beginning of the plan year			-	PN				
	t the beginning of the plan year			5a		22			
	t the end of the plan year count balances as of the end of the pla			5b		22			
	count balances as of the end of the pla			5c		17			
6a Were all of the plan's assets of	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
•	er line 6a or line 6b, the plan cannot								
<b>C</b> If the plan is a defined benefit	plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes 🗙 No	Not determined			
Caution: A penalty for the late or	incomplete filing of this return/report	rt will be assessed	unless reasonable cau	se 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.									
	lid electronic signature.	03/05/2014	TOM DHAMERS						
HERE Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator			
SIGN									
HERE Signature of employe		Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor			
Preparer's name (including firm nar	ne, if applicable) and address; include r	room or suite numbe				number (optional)			

a Total plan lasels         7a         500400         680662           b Total plan labilities         7b         560490         680662           b Total plan labilities         7c         560490         680562           combutions received or receivable from:         7c         560490         680562           combutions received or receivable from:         8a(2)         71653         5           c) Participants         8a(2)         71653         5         5           c) Other income (loss)         8a(2)         716         5         5           c) Other income (loss)         8a(2)         75         5         5           c) Other income (loss)         8a(2)         75         5         5           c) Other income (loss)         8a(2)         75         5         5           f) Administrative service providers (salaries, fies, commissions)         8a         111072         5           f) The plan provides benefits, enter the applicable pension feature	7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year			
b       Total plan labelities       7b       600400       600502         C       Net para assets (subtract line 7b form line 7a)       7c       600400       600502         Income, Expenses, and Transfers for the Plan Ver       (a) Amount       (b) Total         a       Combinitions reserved or receivable from:       8a(1)       17759         (a) Deter income (case)       8a(2)       71853         (b) Other income (case)       8a       47515         C       Total income (case)       8a       47515         G       Other income (case)       8a       137127         G       Benefits jad (noticuling direct citolics)       8a       1137127         G       Other services and instructions)       8a       1137127         G       Other services and instructions)       8a       1111072         G       Transfers for time ban, enstructions)       8a       1111072         G       Total sepenses (add lines 6a, 6e, 4n d 6g)       8i<		. 7a							
Income Exponses. and Transfers for the Pian Year         (a) Amount         (b) Total           Contributions received or receivable from:         8e(1)         17759           (2) Paticipants         6e(2)         71853           (3) Others (including rollovers)         6e(3)         5           (b) Others (including rollovers)         6e(3)         5           (c) Total income (one)         8b         47515           (c) Total income (one)         8b         47517           (c) Total income (one)         8c         137127           (c) Renderilia, income (loss)         8c         137127           (c) Other signed income (loss) (subtract line 8h from line 8c).         8c         1           (c) Other signed income (loss) (subtract line 8h from line 8c).         8i         1111072           (c) Transfers to (low) the plan (see instructions).         8d         111072           (c) Transfers to (low) the plan (see instructions).         8i         111072           (c) Transfers to (low) the plan (see instructions).         8i         111072           (c) During the plan (see instructions).         8i         111072           (c) During the plan (see instructions).         8i         111072           (c) During the plan spoids         sen the applicable persoin feature codes from the List of	•								
Income Exponses. and Transfers for the Pian Year         (a) Amount         (b) Total           Contributions received or receivable from:         8e(1)         17759           (2) Paticipants         6e(2)         71853           (3) Others (including rollovers)         6e(3)         5           (b) Others (including rollovers)         6e(3)         5           (c) Total income (one)         8b         47515           (c) Total income (one)         8b         47517           (c) Total income (one)         8c         137127           (c) Renderilia, income (loss)         8c         137127           (c) Other signed income (loss) (subtract line 8h from line 8c).         8c         1           (c) Other signed income (loss) (subtract line 8h from line 8c).         8i         1111072           (c) Transfers to (low) the plan (see instructions).         8d         111072           (c) Transfers to (low) the plan (see instructions).         8i         111072           (c) Transfers to (low) the plan (see instructions).         8i         111072           (c) During the plan (see instructions).         8i         111072           (c) During the plan (see instructions).         8i         111072           (c) During the plan spoids         sen the applicable persoin feature codes from the List of	<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	56949	569490			680562		
(1) Employers       8x(1)       17759         (2) Participants       8x(2)       71653         (3) Others (including rolevers)       8x(3)       1         (2) Derive (and lines 8x(1), 8x(2), 8x(3), and 8b)       8b       47515         (3) Others (including direct rollovers and insurance premiums to provide benefits)       8c       137127         (3) Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       137127         (4) Entrational end out concervice distributions (see instructions).       8e       1         (7) Other separes       9g       1       2         (7) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2       2         (7) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1       111072         (7) Transfers to (from) the plan (see instructions)       8g       1       111072         (7) Transfers to (from) the plan (see instructions)       8g       1       111072         (7) Transfers to (from) the plan (see instructions)       8g       1       111072         (8) UT plan Characteristics       9g       1       1       1         (9) Ut plan plan yer:       Yes       No       Amount       2       2       2       2       2       2       2			(a) Amount			(b) Total			
(1)       Participants       Ba(2)       71853         (3)       Others (including colorvers)       Ba(3)         (3)       Others (including colorvers)       Ba(3)         (3)       Others (including colorvers)       Ba(3)         (4)       Others (including colorvers)       Ba(3)         (5)       Others (including colorvers)       Ba(3)         (7)       Including colorves)       Ba(3) <td></td> <td></td> <td>4775</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>			4775	0					
(b) There income (loss)       (b)									
b       Other income (loss)       8b       47515         C       Total income (add lines 8a(1), 8a(2), 8a(2), and 8b)       8c       137127         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8d       25680         C       Contrain demond and/or corrective distributions (see instructions).       8e       1         G       Other expenses       8g       1         Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       20005         I       Nat income (loss) (subtract line 8h from line 8c)       8i       111072         J       Transfers to (from) the plan (see instructions).       8i       111072         J       Transfers to (from) the plan (see instructions).       8j       111072         J       Transfers to (from) the plan (see instructions).       8j       111072         J       Transfers to (from) the plan (see instructions).       8j       111072         J       Transfers to (from) the plan (see instructions).       9j       No       Amount         W       Compliance Questions       0       0       0       0       111072         J       Transfers to (from) the plan any participant contributions within the time period described in 120 k       X       2000000         W       Compliance Que			6017	3	_				
or total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1751	5					
d       Bendlis paid (including direct rollovers and linurance premiums to provide benefits)       25980         d       Contain demed and/or concretive distributions (see instructions)       Be         f       Administrative service providers (sataries, fees, commissions)       Bf       75         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       Bh       26056         i       Net income (loss) (subtract line 8h from line 8c)       Bi       111072         j       Transfers to (from) the plan (see instructions)       Bj       111072         art IV       Plan Characteristics       20       27       20       20       27       20       20       27       20       20       27       27       20       28       X       27         D       If the plan provides weffare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       30       28       X       27       20 <td></td> <td></td> <td colspan="3">47515</td> <td colspan="4">127127</td>			47515			127127			
to provide benefits)		- 8C			_			13/12/	
f       Administrative service providers (salaries, fees, commissions)		. 8d	2598	25980					
A minimizature provides protect (patholes) (both of the bank of the provides protect) (both of the bank of	e Certain deemed and/or corrective distributions (see instructions)	. 8e							
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       26055         i       Net income (loss) (subtract line 8h from line 8c)       8i       111072         j       Transfers to (from) the plan (see instructions)       8j       111072         Part IV       Plan Characteristics       9j       1         Data       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2605         Data       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       274         O       During the plan vea:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.)       10a       X       2000000         O       During the plan avea:       Yes       No       Amount       10a       X       2000000         d       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.)       10a       X       2000000         d       Was there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program       10a       X       2000000         d       West there any nonexempt transactions with a	f Administrative service providers (salaries, fees, commissions)	. 8f	7	5					
i       Net income (toss) (subtract line 8h from line 8c)	g Other expenses	. 8g							
j       Transfers to (from) the plan (see instructions)       gi         gi       gi         Part IV       Plan Characteristics         30       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         30       22 #7 20 2.01 2/K 27         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         average       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? (See instructions and DOL's Voluntary Fiduciary Correction Program	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						26055	
Part IV       Plan Characteristics         3a       If the plan provides gension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         3b       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 IV       Compliance Questions         0       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? (See instructions and DOL's Voluntary Flduciary Correction Program)	i Net income (loss) (subtract line 8h from line 8c)	. 8i			_			111072	
Ba       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         Ba       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         0       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? (See instructions and DOL's Voluntary Flduciary Correction Program)	j Transfers to (from) the plan (see instructions)	- 8j							
a 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)				5101131	000	03 11 1		5113.	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       A         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       200000         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       200000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       483         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       483         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       483         f       Has the plan failed to provide any benefit when due under the plan?       10h       X       483         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       483         f       Has the plan failed to provide under 29 CFR 2520.101-3       10h       X       10h       X       10h       10h       X       10h									
on line 10a.)       10b       ^         C       Was the plan covered by a fidelity bond?       10c       X       200000         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       200000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       483         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       483         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.).       10g       X       483         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       483         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       483         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.       10h       X       200000         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       10i       10i         i					Yes	No		Amount	
c       Was the plan tooled by a fidelity boild?       10c       200000         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         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       483         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       483         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       483         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       483         i       If 10h was answerd "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       10h       X       10h       X         iii f 10h was answerd "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       10h       X       10h       X       10h       X       11a       10h       X       11a       10h       X       10h       X       10h       X       10h	<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>			10a	Yes	-		Amount	
or dishonesty? 10d   e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)   f Has the plan failed to provide any benefit when due under the plan?   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).   h ft his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.   10i X	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes</li> </ul>	uciary Correc t? (Do not inc	tion Program) lude transactions reported			X		Amount	
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 483   f Has the plan failed to provide any benefit when due under the plan? 10f X 483   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 483   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 483   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X 483   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X 483   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 Yes N   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 Yes N   iant VI Pension Funding Compliance 10i Yes N 11a Yes N   11 Is this a defined contribution for current year from Schedule SB (Form 5500) line 39 11a 11a 11a   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 N <	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> </ul>	uciary Correc t? (Do not inc	tion Program)	10b		X			2000
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.)	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	uciary Correc t? (Do not inc fidelity bond	tion Program) clude transactions reported 	10b 10c		X X			000
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all</li> </ul>	uciary Correc t? (Do not inc i fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c 10d	X	X X		2000	0000
i if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         i 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       X         exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       Yes       N         i Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes       N         11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a       11a         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       N         (If "Yes," complete line 12a or lines 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.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: State sta	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> </ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	X	× × ×		2000	
<ul> <li>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</li></ul>	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> </ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	X	× × × ×		2000	
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C	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0			
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)		1		
14a	lame of trust	14b Trust's EIN			

For	n 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-01 1210-00			
	nenl of the Treasury al Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee				2013			
	artment of Labor nefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).				This Form is Open to Public Inspection			
	efit Guaranty Corporation		Complete all entries in accordance with the instructions to the Form 5500-SF.						
Part I		lentification Information	01/01/0013	and anding		12/31/201	2		
For calendar	r plan year 2013 or fisc		01/01/2013	and ending	 r				
	r r	x a single-employer plan	a multiple-employer pla	n (not multiemployer)	l	a one-partici	pant plan		
B This retu	irn/report is: [		a short plan year return/	kanad (laas than 10 m	nethe)				
-	l	an amended return/report	7	report (less triair 12 m	, וונוג ר				
C Check be	ox if filing under:	Form 5558	automatic extension		l	DFVC progr	am		
		special extension (enter desci			_				
Part II	Basic Plan Inform	mation-enter all requested inf	ormation				1		
1a Name o						Three-digit plan number			
THURSTC	N FIRST BANK	401(K) PLAN				(PN)	001		
						Effective date of plan			
					(	01/01/200	5		
	onsor's name and addr	ess; include room or suite numbe	er (employer, if for a single-e	mployer plan)		(EIN) 87-07	ification Number 31820		
P.O. BOX 7877						Sponsor's telephone number 360-528-4111			
					2d	Business code	(see instructions)		
OLYMPIA		WA 98507				522110			
3a Plan ad	ministrator's name and	address XSame as Plan Spons	sor Name XSame as Plan	Sponsor Address	3b	Administrator's	EIN		
4 If the na	ame and/or EIN of the I	plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b	EIN			
name,	EIN, and the plan num	ber from the last return/report.							
a Sponso	CTURI				4c	PN			
		t the beginning of the plan year.			5a		22		
		t the end of the plan year			5b		22		
the second se	S162 (96.540)	ccount balances as of the end of			5c		17		
b Are you under : If you	u claiming a waiver of t 29 CFR 2520.104-46? <b>answered "No" to eit</b> l	during the plan year invested in e the annual examination and repo (See instructions on waiver eligib her line 6a or line 6b, the plan o	rt of an independent qualified ility and conditions.) cannot use Form 5500-SF a	d public accountant (IQ and must Instead use	PA) Form	5500.	X Yes No		
		plan, is it covered under the PBC					Not determined		
		r incomplete filing of this retur							
SB or Sche	Ities of perjury and othe dule MB completed and rue, correct, and compl	er penalties set forth in the instru d signed by an enrolled actuary, a ete.	ctions, I declare that I have e as well as the electronic vers	examined this return/report sion of this return/report	port, in t, and t	icluding, if appli to the best of m	cable, a Schedule y knowledge and		
SIGN	10m	Dhu TOM DHAMERS							
HERE	Signature of plan ad	dministrator Date 3/3/14 Enter name of individ			idual signing as plan administrator				
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual sig	ining as employ	er or plan sponsor		
Preparer's	name (including firm na	me, if applicable) and address; in	nclude room or suite number	(optional)	Prep	arer's telephon	e number (optional)		

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