	Form 5500-SF Short Form Annual Return/Report of S				yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed			е	2	2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal F		B(a) of This Form is Open to P					
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 5500	0-SF.				
Part I		lentification Information							
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ret	urn/report is for:	🛛 a single-employer plan 🔤 a	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report It	he final return/report						
	Γ	an amended return/report	ended return/report a short plan year return/report (less than 12 months)						
C Check b	box if filing under:	Form 5558 automatic extension DFVC program							
		special extension (enter description))						
Part II	Basic Plan Inform	nation—enter all requested informati	ion						
1a Name	•				1b	Three-digit			
KMS FINAN	CIAL SERVICES, INC. 4	01(K) PROFIT SHARING PLAN AND	TRUST			plan number	004		
					1c	(PN) ► Effective date of	001		
						01/01/	•		
	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b		ication Number		
2001 81771	AVENUE, SUITE 2801				2c	Sponsor's telephone number 206-441-2885			
SEATTLE, V					2d	Business code (52312	,		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b				
							elephone number		
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				
a Sponsor's name					4c PN 5a 4				
5a Total number of participants at the beginning of the plan year					5a				
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 				5b		50			
					5c		50		
6a Were	all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No		
		ne annual examination and report of an							
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot					X Yes No		
-							Not determined		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
		incomplete filing of this return/repo							
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/va	lid electronic signature.	04/21/2014	ERIC WESTBERG	ERIC WESTBERG				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va	lid electronic signature.	04/21/2014	ERIC WESTBERG					
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individual signing as employer or plan spon					
						eparer's telephone number (optional)			

a Total plan sasels 7a 11134306 13745589 b Total plan tabilities 7b 7c 11134306 13745589 b Total plan tabilities 7c 11134306 13745598 c Net plan assets (subtract in 7b from line 7a) 7c 11134306 13745598 c Net plan assets (subtract in 7b from line 7a) 7c 11134306 13745598 c Ornthultoms received or receivable from: 8a(2) 130591 (a) Amount (b) Total (2) Participants 8a(2) 130591 (b) Total 2735699 d Benefits paid (including difference) 8d 121021 0 0 C Total income (loss) and all 121021 0 0 0 0 2735699 d Benefits paid (including difference) 8d 121021 0 0 0 0 124377 G Other cognese 8g 3356 124377 14134306 124377 14174598 124377 14174598 124377 141434306 124377 14184306 124377 14184306 124377 14184306 124377 14184306 124377 14184306 124377 </th <th>7 Plan Assets and Liabilities</th> <th></th> <th colspan="3">(a) Beginning of Year</th> <th colspan="4">(b) End of Year</th>	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
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b Other income (loss) Description Descrip										
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		8b	185609	1856090						
b Bd 121021 e Certain deemed and/or corrective distributions (see instructions) Be f Administrative service providers (slatifies, fees, commissions) Bf g Other expenses		8c			_			273566	9	
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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	 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required n 1-3 ments? (If "Year	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X	6 (Form	Amount	24577	
granting the waiver	 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required n 1-3 ments? (If "Year rom Schedule	he time period described in tion Program) lude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X Iule SE	3 (Form	Amount	24577	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr	tions within th uciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required n 1-3 nents? (If "Year rom Schedule requirement	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X Iule SE	3 (Form	Amount	24577 3 🗌 N	
	 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being the subject to the minimum funding the plan was the subject to the minimum funding the minimum funding standard for a prior year is being the subject to the minimum funding the plan year is being the subject to the minimum funding the plan year is being the subject to the minimum funding the plan year is being the subject to the minimum funding the plan year is being the subject to the minimum funding the plan year is being the subject to the minimum funding the plan year is being the subject to the minimum funding the minimum funding the mature of the minimum funding the	tions within th uciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required n 1-3 ments? (If "Year rom Schedule requirement , as applicabl ng amortized	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i e or see	Yes X X Scheo	No X X X X X A A A A A A A A A A A A A	3 (Form ERISA?	Amount	24577 s 🗌 N s 🔀 N	
	 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to the minimum funding requirem 5500) and line 11a below) a this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. a If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	tions within th uciary Correc ? (Do not inc fidelity bond, ner persons b of the benefi n? s of year end (See instruction he required n 1-3 hents? (If "Yea rom Schedule requirement , as applicabl ng amortized e MB (Form	he time period described in tion Program)	10a 10b 10c 10d 10f 10g 10h 10i 	Yes X Schec	No X X X X X A A A A A A A A A A A A A	3 (Form ERISA?	Amount	2457 5 🗌 I 5 🔀 I	

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				
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.)								
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Tru	ust's EIN					