## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Dent I		<ul> <li>Complete all entries in acce</li> </ul>	ordance with the instruc	ctions to the Form 550	0-SF.		
Part I	Annual Report Id	dentification Information					
For calenda	ar plan year 2013 or fisc	al plan year beginning 01/01/2	013	and ending 1	2/31/2	2013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_	
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	<u> </u>				
Part II		mation—enter all requested infor	rmation				1
<b>1a</b> Name FII	of plan NANCIAL 401(K) PROF	IT SHARING PLAN			1b	Three-digit plan number	004
					1c	(PN) FEFFECTIVE date o	f plan
							/1986
<b>2a</b> Plan sp BELLEVUE	ponsor's name and addr FINANCIAL, INC.	ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-29	fication Number 51773
DBA TRUTII	NA FINANCIAL				2c	Sponsor's telep	
10811 MAIN BELLEVUE,	ISTREET				2d	Business code (	(see instructions)
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's	EIN
					3c	Administrator's	telephone number
4 If the r	name and/or EIN of the p	olan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan numb	per from the last return/report.					
a Spons	or's name				4c	PN	
		t the beginning of the plan year			4c 5a	PN	24
5a Total r b Total r	number of participants at number of participants at	t the end of the plan year			1	PN	24 24
5a Total r b Total r c Numb	number of participants at number of participants at er of participants with ac	0 0 1 7	e plan year (defined bene	efit plans do not	5a	PN	
<ul><li>5a Total r</li><li>b Total r</li><li>c Number compl</li><li>6a Were</li></ul>	number of participants at number of participants at er of participants with actete this item)	t the end of the plan yearccount balances as of the end of the	e plan year (defined bene gible assets? (See instruc	efit plans do not	5a 5b 5c		24
<ul> <li>5a Total r</li> <li>b Total r</li> <li>c Number complement</li> <li>6a Were b Are younder</li> </ul>	number of participants at number of participants at er of participants with actete this item)	t the end of the plan year count balances as of the end of the during the plan year invested in elighe annual examination and report of See instructions on waiver eligibility	e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	efit plans do not etions.)ed public accountant (IQ	5a 5b 5c		24
5a Total r b Total r c Numb compl 6a Were b Are younder If you	number of participants at number of participants at er of participants with actete this item)	t the end of the plan year	e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	efit plans do not etions.)d public accountant (IQ	5a 5b 5c PA)	5500.	24  24  X Yes No  X Yes No
5a Total r b Total r c Numbicompl 6a Were b Are younder If you c If the p	number of participants at number of participants at er of participants with actete this item)	t the end of the plan year	e plan year (defined bene- gible assets? (See instruc- of an independent qualifie ty and conditions.) nnot use Form 5500-SF c insurance program (see	efit plans do not etions.)ed public accountant (IQ and must instead use ERISA section 4021)?	5a 5b 5c PA)	5500. Yes No	24  24  X Yes No
5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	number of participants at number of participants at er of participants with actete this item)	t the end of the plan year	e plan year (defined bene- gible assets? (See instruc- of an independent qualified ty and conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)?	5a 5b 5c PA) Form	5500. Yes No established.	24  24  X Yes No  X Yes No  Not determined
5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena	number of participants at number of participants at er of participants with actete this item)	t the end of the plan year	e plan year (defined bene- gible assets? (See instruc- of an independent qualified ty and conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	5a 5b 5c PA) Form use is	5500.  Yes No established.  Icluding, if applic	24  24  X Yes No  X Yes No  Not determined  able, a Schedule
5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	number of participants at number of participants at er of participants with actete this item)	t the end of the plan year	e plan year (defined bene- gible assets? (See instruc- of an independent qualified ty and conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	5a 5b 5c PA) Form use is	5500.  Yes No established.  Icluding, if applic	24  24  X Yes No  X Yes No  Not determined  able, a Schedule
5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	number of participants at number of participants at er of participants with actete this item)	the end of the plan year	e plan year (defined bene- gible assets? (See instruc- of an independent qualified ty and conditions.)	efit plans do not etions.)	5a 5b 5c PA) Form use is port, in the port, and the	5500.  Yes No established.  I cluding, if applic to the best of my	24  X Yes No X Yes No Not determined  able, a Schedule knowledge and
5a Total r b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	number of participants at number of participants at er of participants with actete this item)	the end of the plan year	e plan year (defined bene- gible assets? (See instruc- of an independent qualified ty and conditions.) nnot use Form 5500-SF C insurance program (see report will be assessed ons, I declare that I have well as the electronic ver	efit plans do not etions.)	5a 5b 5c PA) Form use is port, in the port, and the port is and the port is a second to the port is a	5500.  Yes No established.  I cluding, if applic to the best of my	24  X Yes No X Yes No Not determined  able, a Schedule knowledge and
5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t  SIGN HERE	number of participants at number of participants at er of participants with actet this item)	the end of the plan year	e plan year (defined bene- gible assets? (See instruction of an independent qualified ty and conditions.)  nnot use Form 5500-SF consurance program (see report will be assessed ons, I declare that I have well as the electronic ver 10/06/2014  Date  Date	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report RICHARD BUDKE Enter name of individue	5a 5b 5c PA) Form use is port, in the part of the part	5500. Yes No established. cluding, if applic to the best of my	24  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor
5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t  SIGN HERE	number of participants at number of participants at er of participants with actet this item)	the end of the plan year	e plan year (defined bene- gible assets? (See instruction of an independent qualified ty and conditions.)  nnot use Form 5500-SF consurance program (see report will be assessed ons, I declare that I have well as the electronic ver 10/06/2014  Date  Date	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report RICHARD BUDKE Enter name of individue	5a 5b 5c PA) Form use is port, in the part of the part	5500. Yes No established. cluding, if applic to the best of my	24  24  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Voor
_ <u>'</u> _a		7a	(a) Beginning of Yea				(b) End of Year 1069902
<u>a</u>	Total plan assets  Total plan liabilities	7a 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	74893				1069902
8	, ,	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)	5583	0			
	(2) Participants	8a(2)	13334	7			
	(3) Others (including rollovers)	8a(3)	1419	5			
b	Other income (loss)	8b	12647	6			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					329848
d	Benefits paid (including direct rollovers and insurance premiums		440	2			
	to provide benefits)	8d	110	0			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f	777				
<u>g</u>	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8879
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i					320969
	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a  b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2S 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe						
	in the plan provides wellare benefits, effect the applicable wellare to	salure cou	es nom the list of Flam Chara	Clensi	ic cou	ics iii t	ne instructions.
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
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 or dishonesty?	-		10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service, or other organization that provides some or all			100		X	
f	instructions.)  Has the plan failed to provide any benefit when due under the plan			10e		X	
				10f	Χ		40004
<u>9</u> h	, , , , , , ,		·	10g			18394
i	2520.101-3.)			10h		X	
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
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					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of the letter ruling Year
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T
h	Enter the minimum required contribution for this plan year					12b	l

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С	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?	Y	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 coof 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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calenda	ar plan year 2013 or f	iscal plan year beginning	01/01/2013	and ending	1	12/31/2013	
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	Γ	a one-particip	ant plan
	urn/report is:	the first return/report	the final return/report		_	_	
		an amended return/report	a short plan year return	report (less than 12 mo	onths)		
C Check h	oox if filing under:	X Form 5558	automatic extension	,	Ĺ	DFVC progra	m
O CHECK L	oox ii iiiiig diider.	special extension (enter desc			L	<b>p</b> g	
Part II	Rasic Plan Info	ormation—enter all requested in	<u> </u>				
1a Name		ormation—enter all requested in	ioimation		1b ·	Three-digit	
		101(K) PROFIT SHARING	PLAN			plan number	0.01
						(PN)	001
						Effective date of 07/01/1986	
	oonsor's name and a ue Financial,	ddress; include room or suite numb Inc.	er (employer, if for a single-e	employer plan)	l	Employer Identii (EIN) 20-295	
					2c	Sponsor's telep	hone number
	ıtina Financi	.al			4	425-401-12	211
10811 Main Street							see instructions)
Bellevue WA 98004  3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address						523120 Administrator's l	EIN
					3c /	Administrator's	telephone number
							·
4 If the r	name and/or FIN of th	ne plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b	FIN	
		umber from the last return/report.	and last rotal in open mounts	tino piani, onto tino	70	LIIV	
a Spons	or's name				4c	PN	
<b>5a</b> Total r	number of participant	s at the beginning of the plan year.			5a		24
		s at the end of the plan year			5b		24
	- 65 March 25 1245	n account balances as of the end of			5c		24
6a Were	all of the plan's asse	ets during the plan year invested in	eligible assets? (See instruct	ions.)			X Yes No
		of the annual examination and repo					X Yes No
		6? (See instructions on waiver eligil either line 6a or line 6b, the plan					☑ 162 ☐ 140
-		efit plan, is it covered under the PB					Not determined
							1 Not determined
		or incomplete filing of this return					
SB or Sche	alties of perjury and o edule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have e as well as the electronic vers	examined this return/report sion of this return/report	port, ind t, and to	cluding, if applic o the best of my	able, a Schedule knowledge and
SIGN	LU			RICHARD BUDKE			
HERE	Signature of plan	administrator	Date 9/25/14	Enter name of individ	lual sig	ning as plan adı	ministrator
SIGN			7/				
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	er or plan sponsor
Preparer's		name, if applicable) and address; i	nclude room or suite number	r (optional)	Prepa	arer's telephone	number (optional)

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear		
a	Total plan assets	7a		1893	3		- Ave for			069	902
	Total plan liabilities	7b			0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	74	1893	3				1	069	902
	Income, Expenses, and Transfers for this Plan Year	1 - 2	(a) Amount		T		(b)	Γota			
	Contributions received or receivable from:		,								
	(1) Employers	8a(1)		5583	+	-	_			_	-
	(2) Participants	8a(2)		3334	-			_	-		
	(3) Others (including rollovers)	8a(3)		1419	_					_	-
	Other income (loss)	8b	12	2647	6			_			11.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4				_	329	848
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		110	2				il.	8	
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			_			
f	Administrative service providers (salaries, fees, commissions)	8f		777	7						
g	Other expenses	8g			0						
h_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								8	3879
<u>    i                                </u>	Net income (loss) (subtract line 8h from line 8c)	81			1					320	969
j_	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2S 2T 3D	feature cod	es from the List of Plan Char	acteris	tic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	cteristi	c Coo	des in tl	ne instruc	tions	:		
Par	V Compliance Questions										
10	During the plan year:				Yes	No		An	ount		
а				10a		х					
b		? (Do not in	clude transactions reported	10b		х					
C	Was the plan covered by a fidelity bond?			10c	Х					150	0000
d	, 433.11. 534.13.11.	2011201101110111		100	_						
	or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					x					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g	X					18	8394
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
Ī	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i			W				
Par											
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)			-					Ye	s	No
112	Enter the unpaid minimum required contribution for current year f		Total Table Services			11a					
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	T	7 Ye	s x	No
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		VAU 61	01 30	00011	302 UI	LINDA			- IA	
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	d in this plan year, see instru		and	enter th	ne date of		letter	ruling	]
11	you completed line 12a, complete lines 3, 9, and 10 of Schedul	77.17	THE PERSON			Day		10	ui _		-
-	Enter the minimum required contribution for this plan year				]	12b					

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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 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?			'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 und of the PBGC?					res 🛛 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.)	olan(s) 1	to			112
2.	3c(1) Name of plan(s):	1:	3c(2) El	N(s)	13	c(3) PN(s)
					1	
					_	
Part	VIII Trust Information (optional)					
14a	Name of trust		14b ⊺	rust's El	N	