## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

**Annual Report Identification Information** 

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

2016

This Form is Open to **Public Inspection** 

			and ending 0	1/19/2017	
	a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking this	box must attach a
A This return/report is for:	a one-participant plan	list of participating a foreign plan	employer information in a	ccordance with the fo	form instructions.)
<b>B</b> This return/report is	the first return/report	the final return/repo			
	an amended return/report	X a short plan year re	turn/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension	า	DFVC program	
	special extension (enter des				
	formation—enter all requested in	nformation		1h Three digit	
1a Name of plan THURSTON FIRST BANK 401(K	I) PLAN			<b>1b</b> Three-digit plan number (PN) ▶	001
				1c Effective date 01	e of plan 1/01/2005
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		' '	entification Number 7-0731820
City or town, state or provir THURSTON FIRST BANK	nce, country, and ZIP or foreign pos	stal code (If foreign, see ir	istructions)	2c Sponsor's tel	lephone number 528-4111
				2d Business cod	de (see instructions)
600 FRANKLIN STREET SE SUI OLYMPIA, WA 98501-1360	TE #102			52	22110
3a Plan administrator's name	and address X Same as Plan Spo	onsor.		<b>3b</b> Administrator	r's EIN
	<del>-</del>			0	
				<b>3C</b> Administrator	r's telephone number
A 1611 11 = 11 = 11 = 11	<del> </del>			41	
	the plan sponsor has changed since number from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN	
<b>a</b> Sponsor's name					
5a Total number of participan				4c PN	
	ts at the beginning of the plan year			4c PN 5a	17
<b>b</b> Total number of participan	ts at the beginning of the plan year			<del>1</del>	
C Number of participants with		f the plan year (only defin	ed contribution plans	5a	0
C Number of participants wit complete this item)	ts at the end of the plan yearh account balances as of the end o	f the plan year (only defin	ed contribution plans	5a 5b 5c	0
Number of participants with complete this item)  d(1) Total number of active participants.	ts at the end of the plan yearh account balances as of the end o	f the plan year (only defin	ed contribution plans	5a 5b	0
c Number of participants with complete this item)	ts at the end of the plan year	of the plan year (only definormal)  plan year  ear  ne plan year with accrued	ed contribution plans	5a 5b 5c 5d(1)	0 0 0
c Number of participants with complete this item)	ts at the end of the plan yearh account balances as of the end o	of the plan year (only definon plan yearear	ed contribution plans	5a 5b 5c 5d(1) 5d(2) 5e	0 0 0 0
c Number of participants with complete this item)	ts at the end of the plan year h account balances as of the end of the plan year ticipants at the beginning of the plan year terminated employment during the e or incomplete filling of this return the penalties set forth in the instruand signed by an enrolled actuary,	of the plan year (only definormal)  plan year  ear  ne plan year with accrued  rn/report will be assesseductions, I declare that I ha	ed contribution plans benefits that were less ed unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap	0 0 0 0 0 opplicable, a Schedule
c Number of participants with complete this item)	ts at the end of the plan year h account balances as of the end of the plan year ticipants at the beginning of the plan year terminated employment during the e or incomplete filling of this return the penalties set forth in the instruand signed by an enrolled actuary,	of the plan year (only definormal)  plan year  ear  ne plan year with accrued  rn/report will be assesseductions, I declare that I ha	ed contribution plans benefits that were less ed unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap	0 0 0 0 0 opplicable, a Schedule
c Number of participants with complete this item)	ts at the end of the plan year	olan year (only definition of the plan year (only definition of the plan year with accrued or the plan year will be assessed uctions, I declare that I has as well as the electronic	benefits that were less  ed unless reasonable ca we examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e suse is established. export, including, if aport, and to the best of	0 0 0 0 0 0 0 0 pplicable, a Schedule my knowledge and
c Number of participants with complete this item)	ts at the end of the plan year	of the plan year (only definition of the plan year (only definition of the plan year with accrued of the plan year with accrued of the plan year will be assessed uctions, I declare that I has as well as the electronic of 107/28/2017	benefits that were less  ed unless reasonable ca we examined this return/report version of this return/report	5a 5b 5c 5d(1) 5d(2) 5e suse is established. export, including, if aport, and to the best of	0 0 0 0 0 0 0 0 pplicable, a Schedule my knowledge and
C Number of participants with complete this item)	ts at the end of the plan year	of the plan year (only definition of the plan year (only definition of the plan year with accrued orn/report will be assessed uctions, I declare that I has as well as the electronic or o7/28/2017  Date  Date	benefits that were less  ed unless reasonable ca we examined this return/re version of this return/report  TOM DHAMERS  Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if aprt, and to the best of	o o o o o o o o o o o o o o
C Number of participants with complete this item)	ts at the end of the plan year	of the plan year (only definition of the plan year (only definition of the plan year with accrued orn/report will be assessed uctions, I declare that I has as well as the electronic or o7/28/2017  Date  Date	benefits that were less  ed unless reasonable ca we examined this return/re version of this return/report  TOM DHAMERS  Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e suse is established. aport, including, if aport, and to the best of dual signing as plan and appears of the significant significa	o o o o o o o o o o o o o o
C Number of participants with complete this item)	ts at the end of the plan year	of the plan year (only definition of the plan year (only definition of the plan year with accrued orn/report will be assessed uctions, I declare that I has as well as the electronic or o7/28/2017  Date  Date	benefits that were less  ed unless reasonable ca we examined this return/re version of this return/report  TOM DHAMERS  Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if aprt, and to the best of	plicable, a Schedule my knowledge and administrator
C Number of participants with complete this item)	ts at the end of the plan year	of the plan year (only definition of the plan year (only definition of the plan year with accrued orn/report will be assessed uctions, I declare that I has as well as the electronic or o7/28/2017  Date  Date	benefits that were less  ed unless reasonable ca we examined this return/re version of this return/report  TOM DHAMERS  Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if aprt, and to the best of	o o o o o o o o o o o o o o
C Number of participants with complete this item)	ts at the end of the plan year	of the plan year (only definition of the plan year (only definition of the plan year with accrued orn/report will be assessed uctions, I declare that I has as well as the electronic or o7/28/2017  Date  Date	benefits that were less  ed unless reasonable ca we examined this return/re version of this return/report  TOM DHAMERS  Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if aprt, and to the best of	o o o o o o o o o o o o o o

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b As you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 20 FF 2520.104-46 (See instructions on waiver eligibility and conditions).	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	s No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   (b) End of Year   (c) End of Year   (d) End of Year   (e) End	_						_	-	_	□ Not dot	orminad
7 Plan Assets and Liabilities 7 Ra 9897155 0  8 Total plan assets 1 Rational Plan Rational P		<u>_</u>	isurarice p	ologiam (see ENISA se		021):		162		Not det	emmed
a Total plan isabilities. 76 b Total plan isabilities. 77 c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 7a). 7c Net plan sasets (subtract line 7b from line 8a). 8a(1) Net income (loss). 8c Net plan sasets (subtract line 8b from line 8a). 8c Net plan sasets (subtract line 8b from line 8b). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b from line 8c). 8c Net plan sasets (subtract line 8b fro	7			(a) Baninninn	-f V	. 1			(la.). E .a .d .	-f V	
b Total plan liabilities	<u>'</u>		72	(a) Beginning				(	(b) Ena (		0
C. Net plan assets (subtract line 7b from line 7a)	_	·									
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other income (loss). (6) Other income (loss). (6) Other income (loss). (7) Early and Income (loss). (8) Bb 10419 (8) Early and Income (loss). (8) Bb 10419 (9) Other income (loss). (8) Bb 10419 (10) Other income (loss). (8) Early and Income (loss). (9) Early and Income (loss). (10) Early and Incom					989765						0
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (			,,	(a) Amour	nt				(b) T	ntal	
(1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers). 8a(3) (b) Others (including rollovers). 8a(3) (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b 10419 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 10419 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 50000 (e) Cartain deemed and/or corrective distributions (see instructions). 8e 1 250 (g) Other expenses (add lines 8a(1, 8a, 8a, and 8a). 8g 1 250 (g) Other expenses (add lines 8a(1, 8a, 8a, and 8a). 8g 1 250 (g) Other expenses (add lines 8d, 8a, 8a, and 8a). 8h 50250 (i) Nat income (loss) (subtract line 8h from line 8c). 8i 50250 (i) Nat income (loss) (subtract line 8h from line 8c). 8i 7-38831 (i) Transfers to (from) the plan (see instructions) 8g 1 -949934  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 2J X 2F 25 30 27  b) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2a 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  4 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d in the plan 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 7 (See instructions). 10d X  4 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 2000000000000000000000000000000000000				(a) Allioui					(6) 1	Jtai	
(3) Others (including rollovers)			8a(1)			_					
b Other income (loss)		(2) Participants	8a(2)								
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		10419	)					
e Certain deemed and/or corrective distributions (see instructions).  e Certain deemed and/or corrective distributions (see instructions).  f Administrative service providers (salaries, fees, commissions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1041	9
e Certain deemed and/or corrective distributions (see instructions).  g Other expenses.  g Other expenses (salaries, fees, commissions)  g Other expenses (add lines 8d, 8e, 8f, and 8g)	d		0.4		50000						
f Administrative service providers (salaries, fees, commissions)		,			30000						
g Other expenses	- t				250	)					
h Total expenses (add lines 8d, 8e, 8f, and 8g)											
Net income (loss) (subtract line 8h from line 8c)		·				_				5025	0
Part IV   Plan Characteristics   Plan Characteristics   Plan Characteristic   Plan Cha											
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:  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:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		, , ,			040034					0000	•
9a		, , , , ,	8j	_	949934						
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											
Part V Compliance Questions  10 During the plan year:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty?  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 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  li If 10h was answered "Yes," check the box if you either provided the required notice or one of the		2E 2J 2K 2F 2G 3D 2T									
10 During the plan year:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty?  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.)  10	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10	During the plan year:				Yes	No	N/A		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b		•		10b		X				
by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c	X					2000000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e  f Has the plan failed to provide any benefit when due under the plan? 10f  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d				10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	s by an insurance the benefits under	10e	X					41
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
2520.101-3.)	<u>_</u>		-	-	10g		X				
	h	2520.101-3.)	·		10h	X					
	i				10i	X					

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500) and line 11a below)				В		Yes	ן 🏻	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?				f 	[	Yes	X	No
а	If a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver		, and	d enter t Day		of the le		ling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.							
b	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le			12d					
е	Will t	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?				X Ye	s	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a					0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	_ N	o	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify hassets or liabilities were transferred. (See instructions.)	fy the pl	an(s)	) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13	<b>c(3)</b> Pi	N(s)	
COMM	IENCE	MENT BANK 401(K) PROFIT SHARING PLAN TRUST	20-584	7225			00	)1		
Part	VIII	Trust Information								
14a	Name	of trust			14b <sup>-</sup>	Trust's I	ΞIN			
14c	Name	e of trustee or custodian					's or cust ne numb		S	
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b	□	Yes			No			
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	∐ s	afe h	n-based narbor ent year	Į	test	r year"	ADP	
				DP t			N/A			
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🔲	Ratio perce test	entage		verage enefit tes	st	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le									:
	letter		nter the	date	of the m	nost rec	ent dete	rminati	on	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		om	Ye	s [	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No			

## 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).

This Form is Open to **Public Inspection** 

2016

OMB Nos. 1210-0110

1210-0089

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

	Report Identification information	01/01/2017	and ending	01/19/201	7
For calendar plan year 2	2016 or fiscal plan year beginning  X a single-employer plan	a multiple-employer plan	The state of the s		
A This return/report is t	L	list of participating empl	oyer information in acc	ordance with the for	m instructions.)
, This fold, in open to	a one-participant plan	a forelgn plan			
B This return/report Is	the first return/report	x the final return/report			
D This retain report is	an amended return/report	a short plan year return/r	eport (less than 12 mc	onths)	
O O A LANGE WELL			r	DFVC program	
C Check box if filling ur	<u> </u>	automatic extension	ι	_ DFVC program	
	special extension (enter des				
	an Information—enter all requested i	nformation		1b Three-digit	
1a Name of plan	Davis 401/lb) Dlam			plan number	001
hurston First	Bank 401(k) Plan		1	(PN) >	
				1c Effective date 01/01/200	
2a Plan anoncor's pan	ne (employer, if for a single-employer plan)	1		2b Employer Ider	
Mailing address (in	clude room, apt., sulte no, and street, or P	P.O. Box)		(EIN) 87-07	
City or town, state	or province, country, and ZIP or forelgn po	stal code (if forelgn, see instru	ctions)	2c Sponsor's tele	ephone number
Thurston First	Bank			360-528-4	
COO Examinist C	treet SE Suite #102			2d Business code	e (see instructions)
600 Franklin 5	treet at suite #102			522110	
Olympia	WA 98501-13	60			
	s name and address X Same as Plan Sp			3b Administrator	s EIN
	( <del>=</del>		1	20. 41.11.11.11.1	s telephone number
			2		
4 If the name and/or	EIN of the plan sponsor has changed sind	ce the last return/report filed fo	r this plan, enter the	4b EIN	
name, EIN, and th	ne plan number from the last return/report.			4a DN	
a Sponsor's name				4c PN	1
	articipants at the beginning of the plan yea			5a	1
<b>b</b> Total number of pa	articipants at the end of the plan year			5b	
c Number of particip	pants with account balances as of the end	of the plan year (only defined	contribution plans	5c	
	f active participants at the beginning of the			5d(1)	
				= 1(=)	
Q(2) Total number of	factive participants at the end of the plan pants that terminated employment during	the plan year with accrued ber	efits that were less		
than 100% yester	of			5e	
Caution: A nonalty fo	r the late or incomplete filing of this ret ury and other penalties set forth in the inst	turn/report will be assessed to	unless reasonable ca	use is established.	nlicable a Schedule
SB or Schedule MB co	mpleted and signed by an enrolled actuar	y, as well as the electronic ver	sion of this return/repo	rt, and to the best of	my knowledge and
belief, it is true, correct			TOM DHAMERS		
SIGN HERE Simeture	1 cm Dan	Date 7/28/17		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a dua ini atento e
Signature	e of plan administrator	Date //20// /	Enter name of individ	dual signing as plan	administrator
SIGN					
HERE Signature	e of employer/plan sponsor	Date	Enter name of individ		
Preparer's name (inclu	uding firm name, if applicable) and address	s (include room or suite numbe	er)	Preparer's telepho	one number