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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1		
		dentification Information						
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
	3 · · ·	special extension (enter description	on)					
Da	rt II Basic Plan Infor	mation—enter all requested inform						
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit		
		INTY, LLC 401(K) RETIREMENT PL	AN		10	plan number 001		
					_	(PN) •		
					1c	Effective date of plan 06/01/2006		
2a	Plan enoneor's name and add	ress (employer, if for single-employer	r nlan)		2h	Employer Identification Number		
	VART TITLE OF KITSAP COU		piaii)		20	(EIN) 33-1052472		
					2c	Plan sponsor's telephone number		
	LEVIN RD N.W., STE 101 ERDALE, WA 98383				0.1	360-337-2000		
	,				2d	Business code (see instructions) 524290		
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same) ")	3b	Administrator's EIN		
STEV	VART TITLE OF KITSAP COU	INTY, LLC 9633 LEVIN SILVERDAL	RD N.W.,	STE 101		33-1052472		
		SIEVERDAL	L, WA 903	03	3с	Administrator's telephone number 360-337-2000		
1 1	f the name and/or FIN of the n	lan sponsor has changed since the la	et return/re	port filed for this plan, enter the	4b EIN 33-1052472			
		er from the last return/report. Sponso		port med for this plan, enter the		LIIV		
	·				4c	PN		
5a	Total number of participants a	at the beginning of the plan year			5a	11		
b	Total number of participants a	at the end of the plan year			5b	11		
С	• • •	vith account balances as of the end o		` .	5 0	10		
		dealer de cale con a l'estate d'a all'alle			5c	□ □ □		
	•	during the plan year invested in eligit the annual examination and report of		,				
b		(See instructions on waiver eligibility				Yes No		
		her 6a or 6b, the plan cannot use F		•				
Pa	rt III Financial Inform	nation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		. 7a	43028	8	65658		
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line	7b from line 7a)	. 7с	43028	3	65658		
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or received							
	(1) Employers		. 8a(1)	(77100	_			
	(2) Participants		. 8a(2)	17192	_			
	(3) Others (including rollovers	s)	. 8a(3)	0	_			
b	Other income (loss)		. 8b	5438	3			
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	. 8c			22630		
d		rollovers and insurance premiums	8d					
е		ctive distributions (see instructions)						
f		ers (salaries, fees, commissions)						
g								
h	•	8e, 8f, and 8g)				0		
i		ne 8h from line 8c)				22630		
j		see instructions)						

Form 5500-SF 2010	Page 2-

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

	II UIC	e plan provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flan Chara	icicns	110 000	203 111	uie iiisuu	Clions.		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	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.)			X				
f	Has	s 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.)	10g	X					0
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	🔲	Yes	X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			F	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	10	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ntrol	•		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):					:(2) EIN(s)		13c(3)	PN(s)
							\top		
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estab	lished.			
Jnde BB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ needule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/re _l	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	02/04/2011	JOHN MARTIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/04/2011	JOHN MARTIN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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Internal Revenue Code (the Code).

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	Pension Benefit Guaranty Corporation Complete all entries in according to the complete all entries and the complete all entries are complete all entries and the complete all entries are complete all entries and the complete all entries are complete all	ordance wi	th the instruction	ns to the Form 550	0-SF.	inspection
	art Annual Report Identification Information					<u> </u>
Fo	r the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010	and ending	12	/31/2010
A	This return/report is for:	multiple-	employer plan (not	t multiemployer)	Г	one-participant plan
В	This return/report is for:	final retu	n/report	, , ,		_ site participant plan
	an amended return/report		•	rt (less than 12 mont	he)	
С	Check box if filing under: Form 5558	Ħ	extension	t (1033 than 12 month	пэ <i>)</i> Г	7.550
	special extension (enter description)	L	2 GYIGHISIOH		L	DFVC program
-						
_	art II Basic Plan Information — enter all requested in Name of plan	formation.				
14						Three-digit plan number
	STEWART TITLE OF KITSAP COUNTY, LLC 401(K) RE	STIREMENT	PLAN			(PN) ► 001
					1c	Effective date of plan
2a	Plan sponsor's name and address (employer, if for single-employer	· nlan)				06/01/2006
	STEWART TITLE OF KITSAP COUNTY, LLC	piany			25	Employer Identification Number (EIN) 33-1052472
	9622 TEUTY DD W W GET 404					Plan sponsor's telephone number
	9633 LEVIN RD N.W., STE 101					(360) 337-2000
US.					2d	Business code (see instructions)
3 a	Plan administrator's name and address (If same as plan employer, Same	enter "Same	")			Administrator's EIN
	Same.					
					3c /	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/re	oort filed for this pl	an, enter the	4b E	EIN 33-1052472
	name, EIN and the plan number from the last return/report. Sponso	r's Name	·		4c F	
5a	Total number of participants at the beginning of the plan year				5a	T
b	Total number of participants at the end of the plan year				5 b	11
C	Total number of participants with account balances as of the end of	the plan year	r (defined benefit	plans do not		
	complete this item)	· · · ·	• • • • • •	<u> </u>	<u>5c</u>	10
b	Are you claiming a waiver of the annual examination and report of a	n independe	nt qualified public	accountant (IOBA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition:	3.)			· · · · XYes \ \ No
1400	if you answered "No" to either 6a or 6b, the plan cannot use For	rm 5500-SF	and must instead	i use Form 5500.		
	rt III Financial Information	The state of the s				
7	Plan Assets and Liabilities		(a) Begi	nning of Year	_	(b) End of Year
a	Total plan assets	. 7a		43,028		65,658
b	Total plan liabilities	. 7b				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		43,028	4	65,658
8	Income, Expenses, and Transfers for this Plan Year	1000	(a)	Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	90(1)		•		
	(2) Participants	8a(1) 8a(2)		17 102		
	(3) Others (including rollovers)	. 8a(3)		17,192 0		
b	Other income (loss)	. 8b		5,438		
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		37130	100000	
d	Benefits paid (including direct rollovers and insurance premiums				2338	22,630
	to provide benefits)	- 8d				
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e			1000	
Ť	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		TAP TO ST		0
i	Net income (loss) (subject line 8h from line 8c)	. 81	一般的	多见这类		22,630
<u>j</u>	Transfers to (from) the plan (see instructions)	. 8j				
_					Annual Visit I	

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rorm	ววบบ-	5 F	201	u

Page	2-	

	Form 5500-SF 2010		Page 2-					
Pari	IV Plan Characteristics	***************************************						
9a ı	the plan provides pension benefits, enter the applicable pension fea	ature codes from the L	ist of Plan Chara	acteristic	Codes	s in the i	nstructions	¥
	2E 2A 2F 2J the plan provides welfare benefits, enter the applicable welfare feat							
	The plant provided Welfall's beliefflie, effect the applicable welfalle lear	raie codes nom me Es	si di Pian Charac	nensuc C	odes	in the in	structions:	
Par	V Compliance Questions			**********				
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributi	on within the time peri	od described in			x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest?	ary Correction Program (Do not include transa	n)	. 10a	1	+		
	on line 10a.)	• • • • • • •	• • • • • •	. 10b		x		
C	Was the plan covered by a fidelity bond?			. 10c	x			10,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond, that was o	aused by fraud	-				
	or dishonesty?			· 10d	ļ	X		
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all of	persons by an insurar	nce carrier,			1		
	instructions.)				_	x	S	
f	Has the plan failed to provide any benefit when due under the plan	?		· 10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and 29	O CFR	. 10h		x		
i	If 10h was answered "Yes," check the box if you either provided the	required notice or on	e of the		\vdash		5400 M	
2000	exceptions to providing the notice applied under 29 CFR 2520.101-	<u>3</u>	· · · · ·	. 101				"一种"。
Pan	VI Pension Funding Compliance							
	ls this a defined benefit plan subject to minimum funding requireme 5500))	ents? (If "Yes," see inst	tructions and con	nplete So	chedul	e SB (F	orm	Yes X No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section						
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortized in this plar	ı year, see instru	ctions, a	nd ent	er the d		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule !	MB (Form 5500), and	skip to line 13.	//OHUI		Day_		Year
b	Enter the minimum required contribution for this plan year				. [12b		
C	Enter the amount contributed by the employer to the plan for this plan	an year			. [12c		
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	he result (enter a minu	s sign to the left	of a		12d		
е	Will the minimum funding amount reported on line 12d be met by th		· · · · ·	• • •	٠ ـ		Yes	□No □N/A
Part	Plan Terminations and Transfers of Assets				• •	<u> </u>		
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	?					Yes X No
	if "Yes," enter the amount of any plan assets that reverted to the en	ployer this year			[13a		
b	Were all the plan assets distributed to participants or beneficiaries,	transferred to another	plan, or brought	under the	contr	ol lo		
С	of the PBGC?	this plan to another n	· · · · · ·	· · ·		• •		Yes X No
	which assets or liabilities were transferred. (See instructions.)	- une plan to anomer p	nan(s), identity ti	e pian(s,	10			
1	c(1) Name of plan(s):				13	c(2) EIN	l(s)	13c(3) PN(s)
				_				
Cautio	n: A penaity for the late or incomplete filing of this return/report	will be assessed uni	ess ressonable	Causa is	ectol	hliebad		<u> </u>
	penalties of perjury and other penalties set forth in the instructions, I							Sabadula
20 OL 2	chedule MB completed and signed by an enrolled actuary, as well a	s the electronic version	n of this return/re	port, and	to the	best of	f my knowl	edge and
-230	is true, correct, and complete.	1. \(\int_{\color}\)						
SIGN		1.25.2011	John Marti					
2/50/5		Date	Enter name of i		l signir	ng as pla	an adminis	trator
SIGN	1 10	1.27.2011	Lynn Marti					
HEN	Signature of employer/plan sponsor	Date	Enter name of i	ndividua	l signir	ng as en	nployer or I	plan sponsor