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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

		rt Identification Information				
For	calendar plan year 2010 o	r fiscal plan year beginning 08/01/20	10	and ending 0	7/31/2	011
Α	This return/report is for:	xingle-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
	This return/report is for:	first return/report	final retur	n/report		ы
_	This return/report is for.	an amended return/report	╡	•	otha)	
_			- ·	year return/report (less than 12 mor	11115)	—
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descripti	ion)			
Pa	art II Basic Plan In	formation—enter all requested inform	nation			
1a	Name of plan	·			1b	Three-digit
	URITY FIRST MORTGAGE	E, INC. 401(K) PLAN				plan number 001
						(PN) •
					1c	Effective date of plan
_						01/01/1998
	Plan sponsor's name and URITY FIRST MORTGAGE	address (employer, if for single-employe	r plan)			Employer Identification Number 91-1343726
SEC	UKITT FIKST WUKTGAGE	E, INC.				(EIN) 91-1343726 Plan sponsor's telephone number
	MERIDIAN ST.				20	360-734-5768
BELL	LINGHAM, WA 98225				2d	Business code (see instructions)
						522292
3a	Plan administrator's name	and address (if same as Plan sponsor, c E, INC. 2900 MERII	enter "Same	? ")	3b	Administrator's EIN 91-1343726
JLC.	OKITTTIKOT MOKTOAGE	BELLINGHA	AM, WA 982	25	20	
					36	Administrator's telephone number 360-734-5768
4	f the name and/or EIN of th	ne plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	FIN
		umber from the last return/report. Spons		, ,		
					4c	
5a	Total number of participar	nts at the beginning of the plan year			5a	12
b	Total number of participar	nts at the end of the plan year			5b	11
С		nts with account balances as of the end of		` .	F ~	8
_	•				5c	□ □
_		sets during the plan year invested in eligi		'		Yes No
D		r of the annual examination and report of 46? (See instructions on waiver eligibility				X Yes No
		either 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Info	ormation				
7	Plan Assets and Liabilities	S		(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	404788	;	334824
h	•					
	·	line 7b from line 7a)		404788		334824
	,	,	/0	(-) () ()		(I-) T-(-)
8 a		ransfers for this Plan Year		(a) Amount		(b) Total
а			8a(1)			
				13619)	
	(3) Others (including rolls	overs)				
b	, ,			43431		
C	` '	a(1), 8a(2), 8a(3), and 8b)				57050
d	•	irect rollovers and insurance premiums	00			
-			8d	127014		
е	Certain deemed and/or co	orrective distributions (see instructions)	8e			
f	Administrative service pro	oviders (salaries, fees, commissions)	8f			
g	·					
h	•	s 8d, 8e, 8f, and 8g)				127014
	·	, , ,	3			-69964
		ct line 8h from line 8c)	Ωi			-09904
¦	` , `	ct line 8h from line 8c)an (see instructions)				-09904

	Form 5500-SF 2010 Page 2-					
art	IV Plan Characteristics					
•	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara EE 2G 2J 2K 2T 3D	acteris	tic Co	des in	the instructions:	
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	des in t	he instructions:	
rt	V Compliance Questions					
	During the plan year:		Yes	No	Amount	
а	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		
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
С	Was the plan covered by a fidelity bond?	10c	X		2	20000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ		

	10a						
ere any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10a.)	10b		Х				
e plan covered by a fidelity bond?	10c	X					20000
plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud onesty?	10d		Χ				
ny fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ce service or other organization that provides some or all of the benefits under the plan? (See ons.)	10e		X				
plan failed to provide any benefit when due under the plan?	10f		X				
plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	10h		Х				
ras answered "Yes," check the box if you either provided the required notice or one of the ons to providing the notice applied under 29 CFR 2520.101-3	10i						
ension Funding Compliance							
defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp					П	Yes	□ No
a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) For of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver.	or sec	ction 30	02 of E	RISA?	the lette	Yes ter ruli	No No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) The rer of the minimum funding standard for a prior year is being amortized in this plan year, see instruct the waiver	or sec ctions, th	and er	02 of E	RISA?	the lette	Yes ter ruli	No No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) The rer of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Mont pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year.	or sections,	and er	02 of Enter the Day _	RISA?	the lette	Yes ter ruli	No No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) The rer of the minimum funding standard for a prior year is being amortized in this plan year, see instruct the waiver	e or sec	and er	02 of E	RISA?	the lette	Yes ter ruli	No No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) The real of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Mont pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year. The amount contributed by the employer to the plan for this plan year. The the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the standard process of the standa	e or sec	and er	02 of E	RISA?	the lettr Year	Yes ter ruli	No No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) For of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Mont pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year. The amount contributed by the employer to the plan for this plan year. The the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of amount).	e or sec	and er	02 of E	e date of	the lettr Year	Yes ter ruli	No No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) Yer of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Mont pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year. The amount contributed by the employer to the plan for this plan year. It the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of amount). The minimum funding amount reported on line 12d be met by the funding deadline?	or sections, th	and er	nter the Day _	e date of	the lettr Year	Yes ter ruli	No No
defined contribution plan subject to the minimum funding requirements of section 412 of the Code "complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) The rof the minimum funding standard for a prior year is being amortized in this plan year, see instruct the waiver. Mont pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year. The amount contributed by the employer to the plan for this plan year. The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a amount) The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	e or sec	and er	nter the Day _	e date of	the lettr Year	Yes ter ruli	No N
defined contribution plan subject to the minimum funding requirements of section 412 of the Code complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) The real of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Mont pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year. The amount contributed by the employer to the plan for this plan year. The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a amount). The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Psolution to terminate the plan been adopted during the plan year or any prior year?	or sections, th	and er	02 of Enter the Day	e date of	the lettr Year	Yes ter ruli o	No N
defined contribution plan subject to the minimum funding requirements of section 412 of the Code complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) The real of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Mont pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year. The amount contributed by the employer to the plan for this plan year. The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a amount). The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets The solution to terminate the plan been adopted during the plan year or any prior year? The plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the plan assets distributed to participants are plants.	or sections, th	and er	02 of Enter the Day	e date of	the lettr Year	Yes ter ruli o	No No No No No No No
defined contribute complete 12a or complete 12a or correct of the minimum the waiver	tion plan subject to the minimum funding requirements of section 412 of the Code r 12b, 12c, 12d, and 12e below, as applicable.) In funding standard for a prior year is being amortized in this plan year, see instruction for this plan year. Monecomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The decontribution for this plan year. Lited by the employer to the plan for this plan year. Lited by the amount in line 12b. Enter the result (enter a minus sign to the left amount reported on line 12d be met by the funding deadline? Lited Sand Transfers of Assets Lited Plan been adopted during the plan year or any prior year? Lited Sand Transfers of Assets Lited Sand Transfers Lited Sand Tr	tion plan subject to the minimum funding requirements of section 412 of the Code or section 12b, 12c, 12d, and 12e below, as applicable.) In funding standard for a prior year is being amortized in this plan year, see instructions,	tion plan subject to the minimum funding requirements of section 412 of the Code or section 3 r 12b, 12c, 12d, and 12e below, as applicable.) In funding standard for a prior year is being amortized in this plan year, see instructions, and endemoniated lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The decontribution for this plan year	tion plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Er 12b, 12c, 12d, and 12e below, as applicable.) In funding standard for a prior year is being amortized in this plan year, see instructions, and enter the Month	tion plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? r 12b, 12c, 12d, and 12e below, as applicable.) In funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of	tion plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? In 12b, 12c, 12d, and 12e below, as applicable.) In funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter to the lett	tion plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes r 12b, 12c, 12d, and 12e below, as applicable.) In funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulii Month

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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.

SIGN	Filed with authorized/valid electronic signature.	10/13/2011	MARK CROSS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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

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).

2010

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	ension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 55	00-SF.	,,,,,	pection
	art I Annual Report Identification Information				With the second	
For	calendar plan year 2010 or fiscal plan year beginning 08/01/201	0	and ending	07/31/	2011	
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		ne-participa	nt plan
	This return/report is for: first return/report	final retur	n/report			Control (1800 1800 1800 1800 1800 1800 1800 180
11	an amended return/report		n year return/report (less than 12 mo	anthe)		
_		7.0	# 20 door W roller to reference to the beautiful William Front	JIII 15)		
C	Check box if filing under:		extension		☐ DFVC progra	ım
	special extension (enter descriptio					
-	art II Basic Plan Information—enter all requested information	ation				
1a	Name of plan			1b	Three-digit	
SEC	URITY FIRST MORTGAGE, INC. 401(K) PLAN				plan number	001
					(PN) ▶	
				1c	Effective date o	
20	Discourse and address (analysis of facility and		(P2000) 14/1 // // // // // // // // // // // // /	7.5	* **	
	Plan sponsor's name and address (employer, if for single-employer URITY FIRST MORTGAGE, INC.	pianj		20	Employer Identification (EIN) 91-134	
70-9				20	(C11A)	elephone number
2900	MERIDIAN ST.				360-73	
BELI	_INGHAM WA 98225			2d	Business code (see instructions)
					522292	- Contract of the Contract of
	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	∍")	3b	Administrator's	
SAM	t.			-	91-134	
				30	Administrator's t	elephone number 4-5768
4 1	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	nort filed for this plan, enter the	1h	EIN	. 4.44
	name, EIN, and the plan number from the last return/report. Sponso		port med for this piant, criter the	40	EIIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		12
b	Total number of participants at the end of the plan year			5b		11
С	Total number of participants with account balances as of the end of			- 00	_	
	complete this item)			5c		. 8
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No
	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IC	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		****
	rt III Financial Information	1				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	and the same of th
а	Total plan assets	7a	40478	š		334824
b	Total plan liabilities	7b			Waster Street	
C	Net plan assets (subtract line 7b from line 7a)	7c	40478	3		334824
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:				10.7743.0100-007-007-007-007-007-007-007-007-007	
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	13619	9		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	4343	1		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				57050
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d	127014	7		
е	Certain deemed and/or corrective distributions (see instructions)	8e		(1)		
f	Administrative service providers (salaries, fees, commissions)	8f	1000			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					127014
İ	Net income (loss) (subtract line 8h from line 8c)			+		-69964
j	Transfers to (from) the plan (see instructions)					
350	. , ,	8j	, 	1.		

Form	EEOO	CE	201	n
-OIII	2201111	- 7 -	ZUI	u

SIGN HERE

Signature of employer/plan sponsor

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rage	L -	l i

		DI.	OI	
Part I	v	Plan	(nara	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2K 2T
- 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:		20	- 10	Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (C on line 10a.)			10b		х		1000	
C	Was the plan covered by a fidelity bond?		- Control of the Cont	10c	Х				20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х		119	
е	Were any fees or commissions paid to any brokers, agents, or other properties insurance service or other organization that provides some or all of the instructions.)	e benefits under th	e plan? (See	10e		x		7800	
f	Has the plan failed to provide any benefit when due under the plan? .			10f		Х		20200	
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	***************************************	10g		Х		55,475	50.00
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 2	9 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part	AND THE PROPERTY OF THE PROPER				2000				
11	Is this a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and comp	olete S	Sched	ule SE	(Form	Пус	Пи
12	5500))							Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		m + 12 of the bode	01 300	/(IOI) 3	02 01	LINIOA!		
а	If a waiver of the minimum funding standard for a prior year is being a	mortized in this pla	n year, see instruct	lions,	and e	nter th	e date of	the letter ru	ılina
	granting the waiver		Montl	h		Day		Year	
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule M	NAME OF A PARTY OF THE PARTY OF			_			318.	-
	Enter the minimum required contribution for this plan year					12b			
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	us sign to the left o	of a		12c 12d	X Hazerbara		
e	Will the minimum funding amount reported on line 12d be met by the				100	1	Yes	ΠNο	N/A
Part		idnomy deadime :	***************************************	********			103] No	18/75
1000	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior ve	ar?	The constant	SPILES			☐ Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the empl					13a	g		<u> </u>
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another	r plan, or brought u	nder t	he cor	ntrol			
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan	(s) to	****		∐ Yes	⊠ No
1	3c(1) Name of plan(s):	<u> </u>			130	/2\ EI	N/e\	120/2	\ DN(c)
	T. V. Landon	<u> </u>			130	(2) EII	v(s)	130(3) PN(s)
	COLUMN TO THE PARTY OF THE PART						- 8.00.00-0		
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be seened	unloss rossonable				atrad		
Unde SB or	penalties of perjury and other penalties set forth in the instructions, I our Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have	examined this retur	n/ren/	ort inc	duding	if applies	able, a Sch knowledge	edule and
SIGN	× Z	10-11-11	MARK CROSS	-					
HER		Date	Enter name of inc	dividus	al sian	ina se	nlan adm	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor