	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the I Revenue Code (the Code).			2010					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A				This Form is Open to Public					
P	ension Benefit Guaranty Corporation)-SF.	Inspection								
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 11/02/2011										
		al plan year beginning 01/01/201		g	1/02/2						
	This return/report is for:			mployer plan (not multiemployer)	one-participant plan						
B	This return/report is for:	first return/report	final retur	•							
-		an amended return/report		year return/report (less than 12 mor	nths)						
C	C Check box if filing under:										
D	ut II Desis Dien Inform	special extension (enter descriptio	,								
	art II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit					
	NE MORTGAGE SERVICES, IN	IC. PROFIT SHARING PLA				plan number 001					
						(PN) •					
					1c	Effective date of plan 01/01/1993					
	Plan sponsor's name and addre NE MORTGAGE SERVICES, IN	ess (employer, if for single-employer IC.	plan)		2b	Employer Identification Number (EIN) 91-1451908					
2150	N 107TH STREET, SUITE #48	0			2c	Plan sponsor's telephone number 206-440-1000					
SEA	TTLE, WA 98133				2d	Business code (see instructions) 522292					
3a ALPI	Plan administrator's name and NE MORTGAGE SERVICES, IN	address (if same as Plan sponsor, e IC. 2150 N 107T	H STREE1	3") Г, SUITE #480	3b	Administrator's EIN 91-1451908					
		SEATTLE, W	/A 98133		3c	3c Administrator's telephone number 206-440-1000					
		n sponsor has changed since the las		port filed for this plan, enter the	4b EIN						
I	name, EIN, and the plan numbe	r from the last return/report. Sponso		4c	PN						
5a	Total number of participants at	the beginning of the plan year			5a	43					
b	Total number of participants at	5b									
C		th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	0					
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm 550	<i>.</i>						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	2645330		0					
b	Total plan liabilities		7b								
C	Net plan assets (subtract line 7	b from line 7a)	7c	2645330		0					
8	Income, Expenses, and Transf			(a) Amount		(b) Total					
а	Contributions received or recei (1) Employers	vable from:	8a(1)								
			8a(2)	C							
	(3) Others (including rollovers)										
b	Other income (loss)		8b	42217							
С	Total income (add lines 8a(1),	Ba(2), 8a(3), and 8b)	8c			42217					
d		ollovers and insurance premiums	. 8d	2679177							
е	, ,	ive distributions (see instructions)	8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f	8370							
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			2687547					
i		8h from line 8c)				-2645330					
j	Transfers to (from) the plan (se	e instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 2F 2G 2J 2K 3D
- **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:		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		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	Х		275000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
е	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.)	10e		X					
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 of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11									
lf y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th	and e	nter th Day 12b 12c	e date of the letter ruling				
u	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 during the plan year or any prior year?		······		X Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	0				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
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.)	ne pla	n(s) to						
13c(1) Name of plan(s):					N(s) 13c(3) PN(s)				
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab			ostabl	iched				
Caut	on. A penalty for the late of incomplete hing of this return/report will be assessed unless reasonab	ie cal	ise is	establ	isiled.				

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.	11/16/2011	DURAND SPLATER
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

Page **2-**1

	Form 5500-SF Short Form			eport of Small Employ	ee	c	MB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service		Benefit Plan filed under sections 104 and 4065 of the Employee			2010			
E	I his form is r	ncome Security		RISA), and section 6058(a) of the		This Form is Open to Public			
F	Pension Benefit Guaranty Corporation Complete all	entries in accor	dance with t	he instructions to the Form 5500	-SF.	Insp	pection		
	art I Annual Report Identification Inf	ormation							
For	calendar plan year 2010 or fiscal plan year beginnin		01/01/201		-	11/02/201			
Α	This return/report is for: Single-employer	plan	multiple-em	ployer plan (not multiemployer)		one-participar	nt plan		
в	This return/report is for: first return/report		final return/r	Contraction and the second					
	an amended retu	rn/report X	short plan y	ear return/report (less than 12 mor	nths)				
С	Check box if filing under: Form 5558		automatic e	xtension		DFVC program	m		
	special extension	enter descripti	on)						
Pa	art II Basic Plan Information—enter all	requested inform	nation			,			
1a	Name of plan				1b	Three-digit			
	Alpine Mortgage Services, Inc.	Profit Sh	haring Pl	.a		(PN)	001		
					1c	Effective date of 01/01/1993	plan		
2a	Plan sponsor's name and address (employer, if for Alpine Mortgage Services, Inc.	single-employe	r plan)		2b	Employer Identifi (EIN) 91-1453	ication Number		
					2c		elephone number		
	2150 N 107th Street, Suite #48 Seattle	Î		WA 98133	2d	Business code (s 522292			
3a	Plan administrator's name and address (if same as Same	Plan sponsor, o	enter "Same")		3b	Administrator's E	EIN		
					3c Administrator's telephone numb (206) 440-1000				
4	If the name and/or EIN of the plan sponsor has char	nged since the la	ast return/repo	rt filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last retur	n/report. Spons	or's name		4.	-			
50	Total number of participants at the beginning of th					PN	43		
b				2 C C C C C C C C C C C C C C C C C C C	5a		43		
	Total number of participants at the end of the plan Total number of participants with account balance				5b		0		
U	complete this item)				5c		0		
6a	Were all of the plan's assets during the plan year	invested in eligi	ble assets? (S	ee instructions.)			X Yes No		
b							X Yes No		
	under 29 CFR 2520.104-46? (See instructions on If you answered "No" to either 6a or 6b, the pla						M Tes NO		
P	art III Financial Information	an cannot use r	-0111 5500-51	and must instead use Form 55	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
a	Total plan assets			2,645,33	0	(-/	0		
b	Total plan liabilities								
С			7c	2,645,33	0		0		
8	Income, Expenses, and Transfers for this Plan Ye	ar		(a) Amount		(b) T	otal		
a									
	(1) Employers				-				
	(2) Participants				0				
	(3) Others (including rollovers)				_				
b				42,21	7		10.017		
							42,217		
c	CHARTER CONTRACT FOR AND A DELLES			2,679,17	7				
d	to provide benefits)	******************************							
	to provide benefits)								
d	to provide benefits)	e instructions)		8,37	0				
d	to provide benefits) Certain deemed and/or corrective distributions (see	ee instructions) ommissions)		8,37	0				
d e f	to provide benefits) Certain deemed and/or corrective distributions (se Administrative service providers (salaries, fees, co	ee instructions) ommissions)		8,37	0		2,687,547		
d e f	to provide benefits) Certain deemed and/or corrective distributions (se Administrative service providers (salaries, fees, co Other expenses	ee instructions) ommissions)		8,37	0		2,687,547 (2,645,330)		
d e f	to provide benefits) Certain deemed and/or corrective distributions (se Administrative service providers (salaries, fees, co Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	ee instructions) ommissions)	8f 8g 8h 8i	8,37	0				

a. . . .

	Form 5500-SF 2010		Pa	ge 2-						
Dee										
	t IV Plan Characteristics If the plan provides pension benefits, enter the app	licable pension fea	ature codes from the L	ist of Plan Chara	cteristic	Cod	les in t	the instru	ctions:	
	2E 2F 2G 2J 2K	3D								
b	If the plan provides welfare benefits, enter the appl	licable welfare feat	ture codes from the L	ist of Plan Charac	cteristic	Code	es in t	he instruc	tions:	
Part	V Compliance Questions									
10	During the plan year:				Y	es	No		Amount	1
а	Was there a failure to transmit to the plan any par 29 CFR 2510.3-102? (See instructions and DOL)				10a		х			
b	Were there any nonexempt transactions with any on line 10a.)				10b		х			
С	Was the plan covered by a fidelity bond?				10c	x			2	275,000
d	Did the plan have a loss, whether or not reimburse or dishonesty?	/	/	/	10d		x			
e	Were any fees or commissions paid to any broker insurance service or other organization that provision instructions.)	des some or all of t	he benefits under the	plan? (See	10e		x			
f	Has the plan failed to provide any benefit when du			- F	10f	+	X			
g	Did the plan have any participant loans? (If "Yes,"			-		+				
9 h					10g	-	X			
i	2520.101-3.) If 10h was answered "Yes," check the box if you e				10h	_	Х			
	exceptions to providing the notice applied under 2				10i					
Part										
11	Is this a defined benefit plan subject to minimum fi 5500))	unding requiremen	ts? (If "Yes," see inst	ructions and comp	plete Sc	hedu	ule SB	(Form	∏ Ye	es 🛛 No
	Is this a defined contribution plan subject to the n (If "Yes," complete 12a or 12b, 12c, 12d, and 12e If a waiver of the minimum funding standard for a granting the waiver. you completed line 12a, complete lines 3, 9, and	below, as applicab prior year is being	le.) amortized in this plan	year, see instruc Mont	tions, ar	nd er	nter th	e date of	the letter	
	Enter the minimum required contribution for this p						12b			
C	Enter the amount contributed by the employer to t					_	12c			
d	Subtract the amount in line 12c from the amount in negative amount)	n line 12b. Enter th	e result (enter a minu	is sign to the left o	of a		12d			
е	Will the minimum funding amount reported on line	12d be met by the	funding deadline?					Yes	No	N/A
Part										
13a	Has a resolution to terminate the plan been adopted	ed during the plan	year or any prior year	?					X Ye	es 🗌 No
	If "Yes," enter the amount of any plan assets that	reverted to the emp	ployer this year				13a			0
	Were all the plan assets distributed to participants of the PBGC?								Ye	es 🛛 No
c	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in		this plan to another p	plan(s), identify th	e plan(s	s) to				
	13c(1) Name of plan(s):				_	13c	(2) EI	N(s)	13c	(3) PN(s)
_										
Cau	tion: A penalty for the late or incomplete filing o	f this return/repor	rt will be assessed u	nless reasonable	e cause	e is e	stabl	ished.		
SB c	er penalties of perjury and other penalties set forth i or Schedule MB completed and signed by an enrolle if, it is true correct, and complete.									
	LIL LADOT.		x 11/7/11	Durand Spla	ater	ter				
						individual signing as plan administrator				
	X X X AD T		11-1	Durand Spla		9.91		, pran au	au ator	
SIG			· ///	-		eler	line -	amelau	ar or place	000000-
	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							sponsor		