Benefit Plan Decomposed table		Form 5500-SF			Report of Small Employ	vee	OMB Nos. 1210-0110 1210-0089
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j Transfers to (from) the plan (see instructions)	i			8i			23675
	j	Transfers to (from) the plan (se	ee instructions)	8j			

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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 2G 2J 2K 2T 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	А	mount		
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				
b	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	Х				20	000
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Ye	s	No
lf y b c d	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 ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	ctions, th of a	and e	nter th Day 12b 12c 12d	e date of the	'ear	uling	No
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	ľ	J/A
Part				<u> </u>				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ì	/es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)					Ye	s 🗙	No
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN	(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau					•	
Unde	populties of periury and other penalties set forth in the instructions. I declare that I have examined this ret	Irn/re	ort in	cludin	a if annlicah	le a Sr	hedul	_

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.	10/01/2012	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

ġ i	Form 5500-SF			Report of Small Employ	yee	2	OMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and 4065 of the Employee			2011		
E	Department of Labor mployee Benefits Security Administration	Retirement Income Security Act o	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).	a) ol	This Form i	s Open to Public	
F	ension Benefit Guaranty Corporation	Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	Ins	spection	
		entification Information						
8	calendar plan year 2011 or fisca		1)7/31/	2012		
				e-employer plan (not multiemployer)		a one-particij	pant plan	
в	This return/report is:	the first return/report		return/report				
~		an amended return/report		an year relurn/report (less than 12 m	onths	_		
C	Check box if filing under:	Form 5558		c extension		DFVC progra	im	
D	art II Basic Plan Inform	special extension (enter description						
	Name of plan	Iditori-enter all requested inform	ation		16	TL		
	URITY FIRST MORTGAGE. INC	2. 401(K) PLAN			1D	Three-digit plan number		
						(PN) ▶	001	
					1c	Effective date o 01/01/1		
2a	Plan sponsor's name and addre	ss; include room or suite number (e	employer, i	f for a single-employer plan)	2h	Employer Identi		
SEC	URITY FIRST MORTGAGE, INC	he A			40	(EIN) 91-134		
2001	MERIDIAN ST.				2c	Sponsor's telep 360-734		
	INGHAM WA 98225				2d	Business code (522292	see instructions)	
3a SAM		address (if same as plan sponsor, e	nter "Same	3")	3b	Administrator's I	EIN	
01 01					30	91-134 Administrator's t	elephone number	
4	If the name and/or FIN of the pl	an sponsor has changed since the	act return/	roport filed for this plan and a the		360-734	-5768	
	name, EIN, and the plan number	er from the last return/report.	astretum	report med for this plan, enter the	40	EIN		
()	Sponsor's name				4c	PN		
1.00					5a		11	
b				••••••	5b		10	
¢	Number of participants with acc complete this item)	ount balances as of the end of the p	olan year (defined benefit plans do not	50		8	
6a	Were all of the plan's assets du	ring the plan year invested in eligib	le assets?	(See instructions.)	00		X Yes No	
b	Are you claiming a waiver of the	e annual examination and report of	an indeper	ident qualified public accountant (IOF				
	If you answered "No" to eithe	ee instructions on waiver eligibility	and condit	SF and must instead use Form 550		•••••	X Yes 🗌 No	
Pa	rt III Financial Informa	tion	0111 3500-	SF and must instead use Form 550	<i>.</i>	*****		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	334824		(0) Ella	358499	
b	Total plan liabilities		7b					
C	Net plan assets (subtract line 7)	o from line 7a)	7c	334824			358499	
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal	
а	Contributions received or receiv (1) Employers	able from:	8a(1)					
				11345				
b				12330				
С	Total income (add lines 8a(1), 8	a(2), 8a(3), and 8b)	8c				23675	
d	Benefits paid (including direct ro to provide benefits)	llovers and insurance premiums	8d					
e		e distributions (see instructions)	8e					
f	Administrative service providers	(salaries, fees, commissions)	8f					
g								
h		e, 8f, and 8g)						
i		8h from line 8c)					23675	
J		e instructions)	0					
COFP			Form FEOD C					

ntrol Numbers, see the instructions for Form 5500-SF. ар

Form 5500-SF (2011)

Form 5500-SF 2011

f

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Part VI

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12

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Part VII

b

10.1.1.1.1.1.1

Page 2 -

X

X

Х

Х

12b

12c

12d

Yes

X No

Yes

Yes

No

Yes X

No

N/A

No

10e

10f

10g

10h

10i

Part IV **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: h Part V **Compliance Questions** 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported b Х on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... C 10c X 20000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d Х or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier. e insurance service or other organization that provides some or all of the benefits under the plan? (See

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

5500)).....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ...

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

instructions.).....

Has the plan failed to provide any benefit when due under the plan?

Did the plan have any participant loans? (If "Yes," enter amount as of year end.).....

2520.101-3.)

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....

c Enter the amount contributed by the employer to the plan for this plan year.....

13a Has a resolution to terminate the plan been adopted in any plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?.....

negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

Pension Funding Compliance

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

Plan Terminations and Transfers of Assets

13c(1) Name of plan(s):	13c(2) EIN(s)	12a(2) DNI/a
		13c(3) PN(s

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 relurn/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	x Star	19.27-12	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