## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		<b>Identification Information</b>				
For calenda	ar plan year 2012 or fi	scal plan year beginning 08/01/	2012	and ending 0	7/31/2	2013
	turn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	_
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descr	ription)			
Part II	Basic Plan Info	prmation—enter all requested inf	ormation			
1a Name	of plan	•			1b	Three-digit
SECURITY F	FIRST MORTGAGE, I	NC. 401(K) PLAN				plan number
						(PN) • 001
					1C	Effective date of plan
22 Dian o	noncor's nome and so	Idraga, include reem or quite numbe	or (omployer if for a single	a ampleyer plan)	2h	01/01/1998
	FIRST MORTGAGE,	Idress; include room or suite number INC.	er (employer, if for a single	e-employer plan)	20	Employer Identification Number (EIN) 91-1343726
					2c	Sponsor's telephone number
2900 MERIC						360-734-5768
BELLINGHA	M, WA 98225				2d	Business code (see instructions) 522292
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
					30	Administrator's telephone number
					30	Administrator s telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN
name	, EIN, and the plan nu	mber from the last return/report.			_	
•	or's name				4c	PN
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	10
<b>b</b> Total r	number of participants	at the end of the plan year			5b	9
		account balances as of the end of	, ,	•	5c	7
<b>6a</b> Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instru	ctions.)		X Yes No
	·	f the annual examination and repor	•	,		
		? (See instructions on waiver eligib				<del>-</del> -
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable cau	ıse is	established.
		ther penalties set forth in the instruc				
	true, correct, and com	nd signed by an enrolled actuary, a plete.	is well as the electronic ve	rision of this return/report	, and i	.o the best of my knowledge and
,		•				
SIGN HERE	Filed with authorized	/valid electronic signature.	10/04/2013	MARK CROSS		
HEKE	Signature of plan a	administrator	Date	Enter name of individu	ual sig	ning as plan administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor
Preparer's		name, if applicable) and address; in				arer's telephone number (optional)

Form 5500-SF 2012 Page **2** 

Do	rt III   Financial Information										
_ <u>Pa</u>	•		(a) De alamba a a ( Va				(L) F.:				
<u>'</u>	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) En	d of Y		^	
_ <u>a</u>	Total plan assets	7a	35849	19					43838	0	
	Total plan liabilities	7b	25046	10	+				40000		
	Net plan assets (subtract line 7b from line 7a)	7c	35849	19	+				43838	o o	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Tota			
а	(1) Employers	8a(1)									
	(2) Participants	8a(2)	957	<b>'</b> 5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	7031	2							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							79887	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							7988	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	,									
9a		feature co	des from the List of Plan Char	acteris	tic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instru	ctions	:		
Par	t V Compliance Questions										
10					Yes	No		Λ			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		103	140		AII	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					20	0000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			Х					
	instructions.)			10e							
	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
0	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•			•		Yes		No
11:	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Т	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. 01 00	J., OII (	JUL 01		··   L		**	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		_ 16	<u></u>		
	Enter the minimum required contribution for this plan year	•	•			12b					
-~											

	Form 5500-SF 2012 Page <b>3</b> - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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 in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefil Guaranty Corporation

Part I 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

2012

This Form is Open to Public Inspection

For calend	ar plan year 2012 or fis	scal plan year beginning 08/01/2	2012		and ending (	07/31,	/2013	
A This rel	lurn/report is for:	a single-employer plan	_	tiple-employer pla	an (not multiemployer)	017017	a one-particip	pant plan
B This ref	lurn/report is:	the first return/report	lhe fin	al return/report				
		an amended return/report	a short	t plan year return	/report (less than 12 m	onths	)	
C Check	box if filing under:	Form 5558	autom	alic extension			DFVC progra	ım
		special extension (enter descri	ption)				Ц -,-з-	
Part II	Basic Plan Info	rmation—enter all requested info	ormation					<u> </u>
1a Name					-	1b	Three-digit	
SECURITY	FIRST MORTGAGE, I	NC. 401(k) PLAN					plan number	
							(PN) ▶	001
h was van	g 2 y			an and		10	Effective date of 01/01/1	
2a Plan s SECURITY	ponsor's name and add FIRST MORTGAGE, I	dress; include room or suite number NC.	r (employe	er, if for a single-	employer plan)	2b	Employer Identif	
						20	Sponsor's telep	
2900 MERII	DIAN ST.						(360) 73	
						2d	Business code (	see instructions)
	AM, WA 98225		War of	The state of the s			522292	
3a Plana	dministrator's name an	id address XSame as Plan Sponso	or Name	Same as Plan	Sponsor Address	3b	Administrator's I	EIN
						3с	Administrator's t	elephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the	he last retu	urn/report filed to	r this plan, enter the	4h	EIN	
name	, EIN, and the plan nun	nber from the last return/report.		opon mou io	and plant, enter the	40	EIN	-10- 100
2000 Section (Contraction (Cont	or's name	711103 00 00 10 81103 10 81103				4c	PN	W/C
		at the beginning of the plan year				5a		10
		at the end of the plan year				5b		9
C Numb compl	er of participants with a lete this item)	account balances as of the end of the	he plan ye:	ar (defined benel	fit plans do not	5c		7
		during the plan year invested in eli				25/20/20	4	X Yes No
<b>b</b> Are vo	ou claiming a waiver of	the annual examination and report	of an inde	nendent qualifie	d public accountant (IO	DAI		- I 100   IVO
under	29 CFR 2520.104-46?	(See instructions on waiver eligibil	lity and cor	nditions.)			********	X Yes No
		ther line 6a or line 6b, the plan ca						
Caution: A	penalty for the late of	or incomplete filing of this return	/report wi	ll be assessed ι	inless reasonable cau	tse is	established.	
JD OI JCHE	edule MB completed an Irue, correct, and comp	ner penallies set forth in the instruct nd signed by an enrolled actuary, as plete.	s well as th	clare that I have e ne electronic vers	examined this return/report sion of this return/report	oort, ir ., and	ncluding, if application the best of my	able, a Schedule knowledge and
alov:	, (1)	<del>)</del>					0102	
SIGN HERE	X		41	0-1-13	XI Mark Cr	~0S	5	- 741-711-740
	Signature of plan ac	dministrator	Da	ate	Enter name of individu	ual siç	ning as plan adm	ninistrator
SIGN					2(31)		2000	
HERE	Signature of employ	yer/plan sponsor	Da	ale	Enter name of individu	ual sic	ning as employer	r or plan sponsor
Preparer's	name (including firm na	ame, if applicable) and address; inc	clude room	or suite number	(optional)	Prep	arer's telephone	number (optional)
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E Al								
								a. 18

Par	t III   Financial Information				-		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		242	(b) End of Year
_ a *	Total plan assets	7a	35849	9			438386
b_	Total plan liabilities	7b				S	
c	Net plan assets (subtract line 7b from line 7a)	7c	35849	9			438386
8	ncome, Expenses, and Transfers for this Plan Year	э, ж	(a) Amount				(b) Total
	Contributions received or receivable from:			-			
	1) Employers	8a(1)			_		
	2) Participants	8a(2)	957	5		W/2	
27	3) Others (including rollovers)	8a(3)		<u> </u>			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	7031	2		-	
-	Benefits paid (including direct rollovers and insurance premiums	8c		-	-		79887
	o provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u> :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i					79887
j '	Fransfers to (from) the plan (see instructions)	8j					NA EXT
Par	IV Plan Characteristics		10 de				
9a	If the plan provides pension benefits, enter the applicable pension	fealure co	des from the List of Plan Char	acleris	stic Co	des in	the instructions:
-	2E 2G 2J 2K 2T 3D				_		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				V		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		Yes	No	Amount
1,255	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		Х	3
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	х		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		X	20000
е	Were any fees or commissions paid to any brokers, agents, or old insurance service or other organization that provides some or all	of the beni	efits under the plan? (See	2-343			
	instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•••••		10h		×	
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d notice or one of the	10i			
Part			) — — — — — — — — — — — — — — — — — — —				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form Yes No
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				3.43		
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	•••••	Mon	ıth	and e	nter th Day	
7.	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year			*******		12b	

1						
- 2	Form 5500-SF 2012 Page <b>3</b> - 1					
C Ente	er the amount contributed by the employer to the plan for this plan year		12c			
nega	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	X	12d			
e Will	the minimum funding amount reported on line 12d be met by the funding deadline?	1		∏ Y€	s [	No N
art VII	Plan Terminations and Transfers of Assets			<del>-</del>		
<b>13a</b> Has	a resolution to terminate the plan been adopted in any plan year?	]	$\Box$	Yes [	X No	
	es," enter the amount of any plan assets that reverted to the employer this year		13a			
of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde ne PBGC?					☐ Yes 🗓
C If du whice	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pl The assets or liabilities were transferred. (See instructions.)	lan(s) t	0			
13c(1)	Name of plan(s):	13	c(2) E	N(s)		13c(3) PN(
art VIII	Trust Information (optional)				-	<del></del> -
4a Name				121 72	decor Hills	
	~ <del>~</del>		14b T	rust's E	IN	
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Section 15 in Section						
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