-	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed un		065 of the Employee Re	etireme	2014				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER Re	ISA), and sections 605 venue Code (the Code		Interna	This F	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	Public Inspection 500-SF.							
Part I		dentification Information cal plan year beginning 08/01/2014		and ending 01/	/31/201	5				
		a single-employer plan	a multiple-employer pl				ox must attach a list			
	urn/report is for: urn/report is	 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report a short plan year return/report (less than 12 months) 								
C Check	box if filing under:	Form 5558 automatic extension DFVC program								
Dort II	Pasia Dian Infor		•							
Part II 1a Name		mation—enter all requested information	ation		1b ⁻	Three-digit				
	SECURITY FIRST MORTGAGE, INC. 401(K) PLAN						001			
							of plan			
							1/1998			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SECURITY FIRST MORTGAGE, INC.					(2b Employer Identification Number (EIN) 91-1343726				
2900 MERIDIAN ST.						2c Sponsor's telephone number 360-734-5768				
BELLINGHAM, WA 98225						Business code (see instructions) 522292				
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN					
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 							telephone number			
·	or's name	at the beginning of the plan year			4c					
		at the end of the plan year			5a 5b		7			
C Numb	er of participants with a	ccount balances as of the end of the p	olan year (defined bene	efit plans do not	50 50		0			
	/	icipants at the beginning of the plan ye			5d(1)	0			
d(2) Tot	al number of active part	ticipants at the end of the plan year			5d(2	2)	0			
		minated employment during the plan			5e		0			
Caution: A	penalty for the late o	r incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	ise is e	stablished.				
SB or Sche	alties of perjury and oth edule MB completed and true, correct, and completed	er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	s, I declare that I have all as the electronic ver	examined this return/rep sion of this return/report	port, inc , and to	cluding, if applic the best of my	cable, a Schedule / knowledge and			
SIGN	Filed with authorized/v	alid electronic signature.	08/06/2015	MARK CROSS						
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual sigr	ning as plan adı	ministrator			
SIGN HERE										
	Signature of employ	/er/plan sponsor ame, if applicable) and address (includ	Date		of individual signing as employer or pla Preparer's telephone numbe					
				. , (optional)						

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	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.)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
	t III Financial Information			,							
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End of Yoor				
<u>′</u> а		70	(a) Beginning of Yea 4818				(b) End of Year				
	Total plan assets 7a 481887 0 Fotal plan liabilities 7b 7b										
	Net plan assets (subtract line 7b from line 7a)	75 7c	4818	887			0				
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total				
	Contributions received or receivable from:										
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	5	534							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	203	352							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20886				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5011	79							
	Certain deemed and/or corrective distributions (see instructions)	8e									
 f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	15	594							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					502773				
ī	Net income (loss) (subtract line 8h from line 8c)						-481887				
-i	Transfers to (from) the plan (see instructions)	8i									
Pa	t IV Plan Characteristics	IJ									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:				
	2E 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in tl	he instructions:				
Dem											
Par					¥	N					
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	tiono withi	a the time period described in		Yes	No	Amount				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest										
	on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х		20000				
d						~					
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d		Х					
e	insurance service, or other organization that provides some or all										
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					x					
i	· · · · · · · · · · · · · · · · · · ·										
Part				r <u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)										
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · · · ·				ERISA? Yes X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir		1	ctions,	, and e	enter th	e date of the letter ruling				

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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		12b					
C 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 negative amount)	a 	12d					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	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?		XY	res 🗌	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 uno of the PBGC?	der the co	ontrol			X Yes	No	
C 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.)	plan(s) to	D					
13c(1) Name of plan(s):	13	c(2) El	IN(s)		13c(3) PN(s)		
Part VIII Trust Information (optional)				I			
14a Name of trust							

·										
	rm 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
Inter	rtment of the Treasury mal Revenue Service	This form is required to be filed	under sections 104 and 4	065 of the Employee Re	etirement	2014				
Employee B	epartment of Labor sensitis Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).							
Pension B	Public Inspection Complete all entries in accordance with the Instructions to the Form 5500-SF.									
Part I	Annual Report	Identification Information								
For calend	ar plan year 2014 or fis	cal plan year beginning 08/01/20)14	and ending (01/31/2015					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions) B This return/report is the first return/report X the final return/report A a mended return/report X a short plan year return/report (less than 12 months)										
C Check	box if filing under:	ox if filing under: Form 5558 automatic extension DFVC program								
Part II	Basia Plan Info	motion		<u></u>	3					
1a Name		rmation—enter all requested inform	mation		41					
	FIRST MORTGAGE, I	NC. 401(k) PLAN			1b Thre plan (PN)	number	001			
						tive date of 1/1998	plan			
2a Plan s SECURITY	ponsor's name and add FIRST MORTGAGE, II	dress; include room or suite number NC.	(employer, if for a single-	employer plan)		loyer Identif 91-134372	ication Number			
2000 MEDI	NANGT				2c Sponsor's telephone number (360) 734-5768					
2900 MERIDIAN ST. BELLINGHAM, WA 98225						2d Business code (see instructions) 522292				
3a Plan administrator's name and address X Same as Plan Sponsor.						inistrator's E				
							elephone number			
name	, EIN, and the plan nun	plan sponsor has changed since the normal sponsor has changed since the plant return/report.	e last return/report filed fo	or this plan, enter the	4b EIN					
	or's name			. <u> </u>	4c PN					
		at the beginning of the plan year			5a		7			
b Total	number of participants	at the end of the plan year			5b		0			
comple	ete this item)	account balances as of the end of the			5c		0			
		ticipants at the beginning of the plan	-		5d(1)		0			
e Numbe	er of participants that te	ticipants at the end of the plan year. rminated employment during the pla	n year with accrued bene	fits that were	5d(2) 5e		0			
less th	an 100% vested						0			
		or incomplete filing of this return/r								
SB or Sche	atties of perjury and otr edule MB completed an true, correct, and comp	ner penalties set forth in the instruction ad signed by an enrolled actuary, as plete.	well as the electronic ver	examined this return/report	port, includii t, and to the	ng, if applicate best of my	able, a Schedule knowledge and			
SIGN X LAND J7-31-15 XJ MARK CROSS										
HERE Signature of plan administrator Date Enter name of individ					ual signing	as plan adm	ninistrator			
SIGN HERE										
eners a consulta	Signature of employ		Date	Enter name of individ						
Fieparers	name (including firm n	ame, if applicable) and address (incl	ude room or suite numbe	r) (optional)	Preparers	s telephone	number (optional)			

	Form 5500-SF 2014		Page 2							
b /	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan canno f the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio ot use Form	lent qualified public accountar ns.) n 5500-SF and must instead	nt (IQI use	PA) Form	5500.		Not	Yes [Yes [determi	No No ned
Раг	t III Financial Information								_	
7	Plan Assets and Liabilities	6160.5	(a) Beginning of Year	r			(b) En	d of Ye	ar	
<u>a</u> -	Total plan assets	7a	481887						0	
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	481887	7					0	
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:	8-(4)			-					
	(1) Employers	8a(1) 8a(2)						- 172 - 6		-
	Participants Others (including rollovers)	8a(3)					-			1
	Other income (loss)	8b	20352	,	12					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80							20886	
	Benefits paid (including direct rollovers and insurance premiums				182		214	0.5.5		8 Q.
	to provide benefits)	8d	501179)	2.00		5	Sec. 1		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						1232.1		
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	1594	<u> </u>	14.3			TAX PAR		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		a vne			502773			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8 i						-4	81887	
j	Transfers to (from) the plan (see instructions)	8 j			2,5					
Par	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			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?			10d		x				
e		ner persons of the bene	by an insurance carrier, fits under the plan? (See	10e		x		****		
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	is of year er	nd.)	10g		x				
	If this is an individual account plan, was there a blackout period?	Did the plan have any participant loans? (if "Yes," enter amount as of year end.) f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				x				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10h 10i						
Part					•	•				
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Yes	□ No
<u>11a</u>	Enter the unpaid minimum required contribution for current year f	rom Schedu	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	j requireme	nts of section 412 of the Code	e or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	ble.)							

a 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

.. Month

Day

Year

granting the waiver.

_	Form 5500-SF 2014	Page 3 -	1]							
lfy	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					12b					
					_						
C	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 resul negative amount)					12d				18	
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								No	N/A	
Part	VII Plan Terminations and Transfers of Assets	5									
13a	a 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				0	
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						ol X Yes N				
C	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)					to					
1	3c(1) Name of plan(s):				1	3c(2) E	IN(s)		13c(3) PN(s)		
Part	VIII Trust Information (optional)				· · · · · · · · · · · · · · · · · · ·		_	1			
14a	Name of trust					14b T	rust's El	N			