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SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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Section

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FORM 11-K

(Mark One)

- ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended: **December 31, 2011**

OR

- TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number: **001-33652**

- A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

First Savings Bank Northwest Savings Plan

- B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

**First Financial Northwest, Inc.
201 Wells Avenue South
Renton, Washington 98057**

FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN

Required Information

The First Savings Bank Northwest Savings Plan (the "Plan") is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and for purposes of satisfying the requirements of Form 11-K has included for filing herewith the Plan financial statements and schedules prepared in accordance with the financial reporting requirements of ERISA for the plan years ended December 31, 2011, 2010, 2009, 2008 and 2007.

**FINANCIAL STATEMENTS FOR
PLAN YEAR ENDED DECEMBER 31, 2011**

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089**2011****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

- A** This return/report is for: a multiemployer plan; a multiple-employer plan; or
 a single-employer plan; a DFE (specify) _____
- B** This return/report is: the first return/report; the final return/report;
 an amended return/report; a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here: ▶
- D** Check box if filing under: Form 5558; automatic extension; the DFVC program;
 special extension (enter description)

Part II Basic Plan Information—enter all requested information

| | | | |
|---|--|--|--------------|
| 1a Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | | 1b Three-digit plan number (PN) ▶ | 001 |
| | | 1c Effective date of plan | 01/01/1995 |
| 2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) FIRST FINANCIAL NORTHWEST, INC. PO BOX 360 RENTON, WA 98057-0360 | | 2b Employer Identification Number (EIN) | 26-0610707 |
| | | 2c Sponsor's telephone number | 425-255-4400 |
| | | 2d Business code (see instructions) | 522120 |

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 accompanying schedules, statements and attachments, 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 HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |
| | | | |

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

Form 5500 (2011)
v.012611

| | |
|---|--|
| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FIRST FINANCIAL NORTHWEST, INC. PO BOX 360 RENTON, WA 98057-0360 | 3b Administrator's EIN 26-0610707 |
| | 3c Administrator's telephone number 425-255-4400 |

| | | |
|---|---------------|--|
| 4 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: a Sponsor's name | 4b EIN | |
| | 4c PN | |

| | | |
|---|----------|-----|
| 5 Total number of participants at the beginning of the plan year | 5 | 116 |
|---|----------|-----|

| | | |
|---|-----------|-----|
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | | |
| a Active participants | 6a | 105 |
| b Retired or separated participants receiving benefits | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | 6c | 12 |
| d Subtotal. Add lines 6a, 6b, and 6c | 6d | 117 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 117 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | 115 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 6 |

| | | |
|--|----------|--|
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
|--|----------|--|

8a 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 2S 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|---|---|
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|---|

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 46144 |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | 3283352 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ FLEXIBLE INVESTMENT ANNUITY

| | | |
|---|--------------|-------|
| b Balance at the end of the previous year | 7b | 60767 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 3015 |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | 271 |
| (4) Transferred from separate account | 7c(4) | 6012 |
| (5) Other (specify below)..... ▶ LOAN PAYMENT | 7c(5) | 149 |
| (6) Total additions | 7c(6) | 9447 |
| d Total of balance and additions (add b and c(6)) | 7d | 70214 |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 14828 |
| (2) Administration charge made by carrier | 7e(2) | 387 |
| (3) Transferred to separate account | 7e(3) | 7567 |
| (4) Other (specify below)..... ▶ LOAN WITHDRAWAL | 7e(4) | 1098 |
| (5) Total deductions | 7e(5) | 23880 |
| f Balance at the end of the current year (subtract e(5) from d)..... | 7f | 46334 |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
- b Dental
- c Vision
- d Life insurance
- e Temporary disability (accident and sickness)
- f Long-term disability
- g Supplemental unemployment
- h Prescription drug
- i Stop loss (large deductible)
- j HMO contract
- k PPO contract
- l Indemnity contract
- m Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|--|------------|--|
| a Total premiums or subscription charges paid to carrier..... | 10a | |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

| | | | |
|---|--|---|-----|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | | B Three-digit plan number (PN) ▶ | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | | D Employer Identification Number (EIN) 26-0610707 | |

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

| | | | |
|---|----------------------------------|---|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | Prin Money Market Sep Acct-R6 | | |
| b Name of sponsor of entity listed in (a): | Principal Life Insurance Company | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| 420127290-024 | P | 162410 | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | Prin Intl SmallCap Sep Acct-R6 | | |
| b Name of sponsor of entity listed in (a): | Principal Life Insurance Company | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| 420127290-014 | P | 166872 | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | Prin LgCap Growth Sep Acct-R6 | | |
| b Name of sponsor of entity listed in (a): | Principal Life Insurance Company | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| 420127290-018 | P | 88281 | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | Prin SmCap Growth Sep Acct-R6 | | |
| b Name of sponsor of entity listed in (a): | Principal Life Insurance Company | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| 420127290-030 | P | 0 | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | Prin MidCap Growth Sep Acct-R6 | | |
| b Name of sponsor of entity listed in (a): | Principal Life Insurance Company | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| 420127290-021 | P | 8933 | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | Prin U.S. Property Sep Acct-R6 | | |
| b Name of sponsor of entity listed in (a): | Principal Life Insurance Company | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| 420127290-027 | P | 187571 | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | Prin Bond and Mortgage SA-R6 | | |
| b Name of sponsor of entity listed in (a): | Principal Life Insurance Company | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| 420127290-005 | P | 209948 | |

| | | |
|---|------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Diversified Intl SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-015 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167415 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LgCap S&P 500 Index SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-016 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 409071 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap Value I SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-043 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214352 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmCap S&P 600 Index SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-028 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56396 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap S&P 400 Idx SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-023 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110654 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH I SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-070 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112013 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2010 Sep Acct-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-075 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20868 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2020 Sep Acct-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-076 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265094 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2030 Sep Acct-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-077 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32600 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2040 Sep Acct-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-078 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59531 |

| | | | |
|---|------------------------|---|--------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2050 Sep Acct-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-079 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 149232 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime Strat Inc SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-080 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 50871 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Fin Grp, Inc. Stock SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-086 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5375 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoint Grwth Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-081 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 277783 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Bal Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-082 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 331026 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Con Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-083 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12830 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LfPt Eq Growth Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-084 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 92542 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Mod Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-085 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 42583 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmallCap Value II SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-096 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 19974 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LargeCap Value I SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-098 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 23932 |

a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Core Plus Bond I SA-R6

Principal Life Insurance Company

b Name of sponsor of entity listed in (a):

c EIN-PN 420127290-115

d Entity code p

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

5195

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)
(Complete as many entries as needed to report all participating plans)**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

**SCHEDULE I
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

| | | |
|--|---|-----|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 001 |
|--|---|-----|

| | |
|--|---|
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number (EIN) 26-0610707 |
|--|---|

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

| 1 Plan Assets and Liabilities: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| a Total plan assets | 1a | 3724665 | 4158269 |
| b Total plan liabilities | 1b | 0 | 0 |
| c Net plan assets (subtract line 1b from line 1a) | 1c | 3724665 | 4158269 |
| 2 Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| a Contributions received or receivable: | | | |
| (1) Employers | 2a(1) | 150479 | |
| (2) Participants | 2a(2) | 453409 | |
| (3) Others (including rollovers) | 2a(3) | 16395 | |
| b Noncash contributions | 2b | 0 | |
| c Other income | 2c | 137479 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | 757762 |
| e Benefits paid (including direct rollovers) | 2e | 290480 | |
| f Corrective distributions (see instructions) | 2f | 13205 | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | 0 | |
| h Administrative service providers (salaries, fees, and commissions) | 2h | 20473 | |
| i Other expenses | 2i | 0 | |
| j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | 2j | | 324158 |
| k Net income (loss) (subtract line 2j from line 2d) | 2k | | 433604 |
| l Transfers to (from) the plan (see instructions) | 2l | | 0 |

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | Yes | No | Amount |
|--|-----|----|--------|
| a Partnership/joint venture interests | 3a | X | |
| b Employer real property | 3b | X | |
| c Real estate (other than employer real property) | 3c | X | |
| d Employer securities | 3d | X | 704489 |
| e Participant loans | 3e | X | 124284 |

| | Yes | No | Amount |
|--|-----|----|--------|
| 3f Loans (other than to participants) | | X | |
| g Tangible personal property | | X | |

Part II Compliance Questions

| | Yes | No | Amount |
|--|-----|----|---------|
| 4 During the plan year: | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | 0 |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. | | X | 0 |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | | X | 0 |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | | X | 0 |
| e Was the plan covered by a fidelity bond? | X | | 1250000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | 0 |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | 0 |
| i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | | X | 0 |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | 0 |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | | X | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Yes No Amount: 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| | | |
| | | |
| | | |

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST FINANCIAL NORTHWEST, INC.

D Employer Identification Number (EIN)
26-0610707

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

- 1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | |
|---|---|
| 1 | 0 |
|---|---|
- 2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290
- Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.
- 3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.
- 5** 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.
- 6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....

| | |
|----|--|
| 6a | |
|----|--|
- b** Enter the amount contributed by the employer to the plan for this plan year.....

| | |
|----|--|
| 6b | |
|----|--|
- c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....

| | |
|----|--|
| 6c | |
|----|--|
- If you completed line 6c, skip lines 8 and 9.
- 7** Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A
- 8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III Amendments

- 9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

- 10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No
- 11** **a** Does the ESOP hold any preferred stock?..... Yes No
- b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No
- 12** Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|------------|--|
| a The current year | 14a | |
| b The plan year immediately preceding the current plan year | 14b | |
| c The second preceding plan year | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|--|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI: Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

- a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more
- c What duration measure was used to calculate item 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

**FINANCIAL STATEMENTS FOR
PLAN YEAR ENDED DECEMBER 31, 2010**

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089**2010**

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

- A** This return/report is for: a multiemployer plan; a multiple-employer plan; or
 a single-employer plan; a DFE (specify) _____
- B** This return/report is: the first return/report; the final return/report;
 an amended return/report; a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558; automatic extension; the DFVC program;
 special extension (enter description)

Part II Basic Plan Information—enter all requested information

| | | | |
|---|--|--|--------------|
| 1a Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | | 1b Three-digit plan number (PN) ▶ | 001 |
| | | 1c Effective date of plan | 01/01/1995 |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FIRST FINANCIAL NORTHWEST, INC. PO BOX 360 RENTON, WA 98057-0360 | | 2b Employer Identification Number (EIN) | 26-0610707 |
| | | 2c Sponsor's telephone number | 425-255-4400 |
| | | 2d Business code (see instructions) | 522120 |

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 accompanying schedules, statements and attachments, 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 HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |
| | | | |

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

Form 5500 (2010)
v.082307.1

| | |
|---|---|
| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FIRST FINANCIAL NORTHWEST, INC. PO BOX 360 RENTON, WA 98057-0360 | 3b Administrator's EIN 26-0610707 3c Administrator's telephone number 425-255-4400 |
|---|---|

| | |
|---|-----------------------------------|
| 4 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: a Sponsor's name | 4b EIN 4c PN |
|---|-----------------------------------|

| | | |
|--|-----------|-----|
| 5 Total number of participants at the beginning of the plan year | 5 | 117 |
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | | |
| a Active participants..... | 6a | 106 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 8 |
| d Subtotal. Add lines 6a, 6b, and 6c..... | 6d | 114 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 0 |
| f Total. Add lines 6d and 6e..... | 6f | 114 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 108 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 11 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a 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 2S 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|---|---|
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|---|

| | | |
|--|---|---|
| SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small> | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 <hr/> 2010 <hr/> This Form is Open to Public Inspection |
|--|---|---|

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

| | | |
|---|---|-----|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500. FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number (EIN) 26-0610707 | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 437339 | 114 | 01/01/2010 | 12/31/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 5720 | 266 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NORTHWESTERN MUTUAL INVESTMENT SERV ATTN: IPS COMPENSATION
720 E WISCONSIN AVE
MILWAUKEE, WI 53202-4695

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|----------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 5720 | 266 | REFERRAL/SERVICE FEE | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 60648 |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | 3211970 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity

(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year **7b** 58087

| | | |
|---|--------------|------|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 3744 |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | 1212 |
| (4) Transferred from separate account | 7c(4) | 1343 |
| (5) Other (specify below) | 7c(5) | 194 |

▶ LOAN PAYMENT

(6) Total additions **7c(6)** 6493

d Total of balance and additions (add b and c(6)) **7d** 64580

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2774

(2) Administration charge made by carrier **7e(2)** 370

(3) Transferred to separate account **7e(3)** 669

(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 3813

f Balance at the end of the current year (subtract e(5) from d) **7f** 60767

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
- b Dental
- c Vision
- d Life insurance
- e Temporary disability (accident and sickness)
- f Long-term disability
- g Supplemental unemployment
- h Prescription drug
- i Stop loss (large deductible)
- j HMO contract
- k PPO contract
- l Indemnity contract
- m Other (specify) ▶

9 Experience-rated contracts:

| | | |
|---|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | |
| (4) Earned ((1) + (2) - (3))..... | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | |
| (3) Incurred claims (add (1) and (2))..... | 9b(3) | |
| (4) Claims charged..... | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| (A) Commissions..... | 9c(1)(A) | |
| (B) Administrative service or other fees..... | 9c(1)(B) | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | |
| (D) Other expenses..... | 9c(1)(D) | |
| (E) Taxes..... | 9c(1)(E) | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | |
| (G) Other retention charges..... | 9c(1)(G) | |
| (H) Total retention..... | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | 9d(1) | |
| (2) Claim reserves..... | 9d(2) | |
| (3) Other reserves..... | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | 9e | |

10 Nonexperience-rated contracts:

| | | |
|--|------------|--|
| a Total premiums or subscription charges paid to carrier..... | 10a | |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, Item 2 above, report amount..... | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|---|---|
| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2010 This Form is Open to Public Inspection. |
|---|---|---|

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

| | | |
|---|---|-----|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number (EIN) 26-0610707 | |

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
 (Complete as many entries as needed to report all interests in DFEs)

| | | |
|--|---|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Bond Emph Bal Sep Acct-R6 Principal Life Insurance Company | b Name of sponsor of entity listed in (a): | |
| c EIN-PN 420127290-006 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Stock Emph Bal Sep Acct-R6 Principal Life Insurance Company | b Name of sponsor of entity listed in (a): | |
| c EIN-PN 420127290-032 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Money Market Sep Acct-R6 Principal Life Insurance Company | b Name of sponsor of entity listed in (a): | |
| c EIN-PN 420127290-024 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110589 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Intl SmallCap Sep Acct-R6 Principal Life Insurance Company | b Name of sponsor of entity listed in (a): | |
| c EIN-PN 420127290-014 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217543 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LgCap Growth Sep Acct-R6 Principal Life Insurance Company | b Name of sponsor of entity listed in (a): | |
| c EIN-PN 420127290-018 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123202 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmCap Growth Sep Acct-R6 Principal Life Insurance Company | b Name of sponsor of entity listed in (a): | |
| c EIN-PN 420127290-030 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128593 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap Growth Sep Acct-R6 Principal Life Insurance Company | b Name of sponsor of entity listed in (a): | |
| c EIN-PN 420127290-021 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10850 |

| | | | |
|--|----------------------|----------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin U.S. Property Sep Acct-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-027 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191589 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Bond and Mortgage SA-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-005 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147019 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Diversified Intl SA-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-015 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292804 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LgCap S&P 500 Index SA-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-016 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 367077 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap Value I SA-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-043 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211965 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmCap S&P 600 Index SA-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-028 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28702 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap S&P 400 Idx SA-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-023 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117466 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2010 Sep Acct-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-075 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2020 Sep Acct-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-076 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226756 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2030 Sep Acct-R6 | | | |
| b Name of sponsor of entity listed in (a): Principal Life Insurance Company | | | |
| c EIN-PN 420127290-077 | d Entity code | p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17465 |

| | | |
|---|------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2040 Sep Acct-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-078 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47424 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2050 Sep Acct-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-079 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117872 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime Strat Inc SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-080 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39011 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Fin Grp. Inc. Stock SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-086 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8139 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoint Grwth Str SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-081 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242760 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Bal Str SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-082 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 326719 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Con Str SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-083 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44312 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LfPt Eq Growth Str SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-084 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95933 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Mod Str SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-085 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47488 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmallCap Value I SA-R6 Principal Life Insurance Company | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN 420127290-094 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6

Principal Life Insurance Company

b Name of sponsor of entity listed in (a):

c EIN-PN 420127290-096

d Entity
code

P

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

20441

a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LargeCap Value I SA-R6

Principal Life Insurance Company

b Name of sponsor of entity listed in (a):

c EIN-PN 420127290-098

d Entity
code

P

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

22878

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-R6

Principal Life Insurance Company

b Name of sponsor of entity listed in (a):

c EIN-PN 420127290-115

d Entity
code

P

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

7229

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part III Information on Participating Plans (to be completed by DFEs)
(Complete as many entries as needed to report all participating plans)**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

| | | |
|---|---|---|
| SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2010 This Form is Open to Public Inspection |
|---|---|---|

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

| | | |
|--|---|-----|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number (PN) | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number (EIN) 26-0610707 | |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

| | | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|------------------|
| 1 Plan Assets and Liabilities: | | | |
| a Total plan assets | 1a | 3058891 | 3724665 |
| b Total plan liabilities | 1b | 0 | 0 |
| c Net plan assets (subtract line 1b from line 1a) | 1c | 3058891 | 3724665 |
| 2 Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| a Contributions received or receivable: | | | |
| (1) Employers | 2a(1) | 141677 | |
| (2) Participants | 2a(2) | 397258 | |
| (3) Others (including rollovers) | 2a(3) | 0 | |
| b Noncash contributions | 2b | 0 | |
| c Other income | 2c | 217348 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | |
| e Benefits paid (including direct rollovers) | 2e | 73963 | |
| f Corrective distributions (see instructions) | 2f | 0 | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | 0 | |
| h Administrative service providers (salaries, fees, and commissions) | 2h | 16546 | |
| i Other expenses | 2i | 0 | |
| j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | 2j | | |
| k Net income (loss) (subtract line 2j from line 2d) | 2k | | 665774 |
| l Transfers to (from) the plan (see instructions) | 2l | | 0 |

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | | Yes | No | Amount |
|--|-----------|-----|----|--------|
| a Partnership/joint venture interests | 3a | | X | |
| b Employer real property | 3b | | X | |
| c Real estate (other than employer real property) | 3c | | X | |
| d Employer securities | 3d | X | | 386684 |
| e Participant loans | 3e | X | | 65363 |

| | Yes | No | Amount |
|--|--------------------------|-------------------------------------|--------|
| 3f Loans (other than to participants) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| g Tangible personal property | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

Part II Compliance Questions

| | Yes | No | Amount |
|--|-------------------------------------|-------------------------------------|---------|
| 4 During the plan year: | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| e Was the plan covered by a fidelity bond? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| l Has the plan failed to provide any benefit when due under the plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Yes No Amount: 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| | | |
| | | |
| | | |

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|------------|--|
| a The current year | 14a | |
| b The plan year immediately preceding the current plan year | 14b | |
| c The second preceding plan year | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|--|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

- a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more
- c What duration measure was used to calculate item 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

**FINANCIAL STATEMENTS FOR
PLAN YEAR ENDED DECEMBER 31, 2009**

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

- A** This return/report is for: a multiemployer plan; a multiple-employer plan; or a single-employer plan; a DFE (specify) _____
- B** This return/report is: the first return/report; the final return/report; an amended return/report; a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558; automatic extension; the DFVC program; special extension (enter description)

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| 1a Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | 1b Three-digit plan number (PN) ▶ 001 |
| | 1c Effective date of plan 01/01/1995 |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FIRST FINANCIAL NORTHWEST, INC. PO BOX 360 RENTON, WA 98057-0360 | 2b Employer Identification Number (EIN) 26-0610707 |
| | 2c Sponsor's telephone number 425-255-4400 |
| | 2d Business code (see instructions) 522120 |

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 accompanying schedules, statements and attachments, 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 HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |
| | | | |

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

Form 5500 (2009)
v.092307.1

| | |
|---|--|
| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FIRST FINANCIAL NORTHWEST, INC. PO BOX 360 RENTON, WA 98057-0360 | 3b Administrator's EIN 26-0610707 |
| | 3c Administrator's telephone number 425-255-4400 |

| | |
|---|-----------------------------------|
| 4 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: a Sponsor's name | 4b EIN 4c PN |
|---|-----------------------------------|

| | | |
|--|-----------|-----|
| 5 Total number of participants at the beginning of the plan year | 5 | 102 |
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | | |
| a Active participants..... | 6a | 94 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 34 |
| d Subtotal. Add lines 6a, 6b, and 6c..... | 6d | 128 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 0 |
| f Total. Add lines 6d and 6e..... | 6f | 128 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 106 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 16 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |

8a 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 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|---|---|
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|---|

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 57878 |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | 2381754 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ FLEXIBLE INVESTMENT ANNUITY

| | | |
|---|--------------|-------|
| b Balance at the end of the previous year | 7b | 46812 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 12405 |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | 1452 |
| (4) Transferred from separate account | 7c(4) | 597 |
| (5) Other (specify below) | 7c(5) | 483 |
| ▶ LOAN PAYMENT, ROLLOVER | | |
| (6) Total additions | 7c(6) | 14937 |
| d Total of balance and additions (add b and c(6)) | 7d | 61749 |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2495 |
| (2) Administration charge made by carrier | 7e(2) | 388 |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | 779 |
| ▶ LOAN WITHDRAWAL | | |
| (5) Total deductions | 7e(5) | 3662 |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | 58087 |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
- b Dental
- c Vision
- d Life insurance
- e Temporary disability (accident and sickness)
- f Long-term disability
- g Supplemental unemployment
- h Prescription drug
- i Stop loss (large deductible)
- j HMO contract
- k PPO contract
- l Indemnity contract
- m Other (specify) ▶

9 Experience-rated contracts:

| | | | | |
|----------|---|-----------------|-----------------|--|
| a | Premiums: (1) Amount received..... | 9a(1) | | |
| | (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| | (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| | (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b | Benefit charges (1) Claims paid..... | 9b(1) | | |
| | (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| | (4) Claims charged..... | | 9b(4) | |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| | (A) Commissions..... | 9c(1)(A) | | |
| | (B) Administrative service or other fees..... | 9c(1)(B) | | |
| | (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| | (D) Other expenses..... | 9c(1)(D) | | |
| | (E) Taxes..... | 9c(1)(E) | | |
| | (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| | (G) Other retention charges..... | 9c(1)(G) | | |
| | (H) Total retention..... | | 9c(1)(H) | |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| | (2) Claim reserves..... | | 9d(2) | |
| | (3) Other reserves..... | | 9d(3) | |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | | |
|----------|---|------------|--|
| a | Total premiums or subscription charges paid to carrier..... | 10a | |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | | | |
|---|--|---|-----|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | | B Three-digit plan number (PN) ▶ | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | | D Employer Identification Number (EIN) 26-0610707 | |

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

| | | | |
|---|------------------------|---|--------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Bond Emph Bal Sep Acct-R6 Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-006 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4849 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Stock Emph Bal Sep Act-R6 Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-032 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 18655 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Money Market Sep Acct-R6 Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-024 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 89316 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Intl SmallCap Sep Acct-R6 Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-014 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 132920 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LgCap Growth Sep Acct-R6 Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-018 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 70940 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmCap Growth Sep Acct-R6 Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-030 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 90053 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap Growth Sep Acct-R6 Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-021 | d Entity code p | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10385 |

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

| | | | |
|---|------------------------|---|--------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin U.S. Property Sep Acct-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-027 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 153027 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Bond and Mortgage SA-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-005 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 142523 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Diversified Intl SA-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-015 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 249906 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LgCap S&P 500 Index SA-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-016 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 284749 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap Value I SA-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-043 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 161127 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmCap S&P 600 Index SA-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-028 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4123 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin MidCap S&P 400 Idx SA-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-023 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 62657 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2010 Sep Acct-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-075 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 68 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2020 Sep Acct-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-076 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 203866 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2030 Sep Acct-R6 | | Principal Life Insurance Company | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-077 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7918 |

| | | | |
|---|------------------------|---|--------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2040 Sep Acct-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-078 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 30987 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime 2050 Sep Acct-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-079 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 75724 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LifeTime Strat Inc SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-080 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 30502 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin Fin Grp, Inc. Stock SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-086 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6109 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoint Grwth Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-081 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 149900 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Bal Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-082 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 259305 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Con Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-083 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10565 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LfPt Eq Growth Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-084 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 76496 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Russ LifePoints Mod Str SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-085 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 27945 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Prin SmallCap Value I SA-R6 | | | |
| Principal Life Insurance Company | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN 420127290-094 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13606 |

a Name of MTIA, CCT, PSA, or 103-12 IE: Prin LargeCap Value I SA-R6
Principal Life Insurance Company

b Name of sponsor of entity listed in (a):

| | | | |
|-------------------------------|------------------------|---|-------|
| c EIN-PN 420127290-098 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13532 |
|-------------------------------|------------------------|---|-------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

Part II Information on Participating Plans (to be completed by DFEs)
 (Complete as many entries as needed to report all participating plans)

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

a Plan name

b Name of
plan sponsor

c EIN-PN

**SCHEDULE I
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | | |
|--|---|-----|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 001 |
|--|---|-----|

| | |
|--|---|
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number (EIN) 26-0610707 |
|--|---|

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

| 1 Plan Assets and Liabilities: | | (a) Beginning of Year | (b) End of Year |
|---|--|-----------------------|-----------------|
| a | Total plan assets | 2151448 | 3058891 |
| b | Total plan liabilities | 0 | 0 |
| c | Net plan assets (subtract line 1b from line 1a) | 2151448 | 3058891 |
| 2 Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| a Contributions received or receivable: | | | |
| (1) | Employers | 271017 | |
| (2) | Participants | 366010 | |
| (3) | Others (including rollovers) | 143013 | |
| b | Noncash contributions | 0 | |
| c | Other income | 186457 | |
| d | Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | | 966497 |
| e | Benefits paid (including direct rollovers) | 37179 | |
| f | Corrective distributions (see instructions) | 9895 | |
| g | Certain deemed distributions of participant loans (see instructions) | 0 | |
| h | Administrative service providers (salaries, fees, and commissions) | 11980 | |
| i | Other expenses | 0 | |
| j | Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | | 59054 |
| k | Net income (loss) (subtract line 2j from line 2d) | | 907443 |
| l | Transfers to (from) the plan (see instructions) | | 0 |

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | Yes | No | Amount |
|---|-----|----|--------|
| a Partnership/joint venture interests | | X | |
| b Employer real property | | X | |
| c Real estate (other than employer real property) | | X | |
| d Employer securities | X | | 543318 |
| e Participant loans | X | | 75941 |

| | Yes | No | Amount |
|--|-----|----|--------|
| 3f Loans (other than to participants) | | X | |
| g Tangible personal property | | X | |

Part II Compliance Questions

| | Yes | No | Amount |
|--|-----|----|---------|
| 4 During the plan year: | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | 0 |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance | | X | 0 |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | | X | 0 |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | | X | 0 |
| e Was the plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | 0 |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | 0 |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | 0 |
| i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | | X | 0 |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | 0 |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | 0 |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | | X | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Yes No Amount: 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| | | |
| | | |
| | | |

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST FINANCIAL NORTHWEST, INC.

D Employer Identification Number (EIN)
26-0610707

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions. 1

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. 3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year 6a
b Enter the amount contributed by the employer to the plan for this plan year 6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. Increase Decrease Both No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|--|------------|--|
| a The current year | 14a | |
| b The plan year immediately preceding the current plan year | 14b | |
| c The second preceding plan year | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|--|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more
- c** What duration measure was used to calculate item 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

**FINANCIAL STATEMENTS FOR
PLAN YEAR ENDED DECEMBER 31, 2008**

Form **5500**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2008

This Form is Open to Public Inspection.

Annual Report Identification Information

For the calendar year **2008** or fiscal year beginning

and ending

- A** This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____
- B** This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

Basic Plan Information - enter all requested information.

| | |
|--|--|
| 1a Name of plan FIRST SAVINGS BANK NORTHWEST SAVING S PLAN | 1b Three-digit plan number (PN) ▶ 001 |
| | 1c Effective date of plan (mo., day, yr.) 01/01/1995 |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FIRST FINANCIAL NORTHWEST, INC. PO BOX 360 RENTON WA 98055-0360 | 2b Employer Identification Number (EIN) 26-0610707 |
| | 2c Sponsor's telephone number 425-255-4400 |
| | 2d Business code (see instructions) 522120 |

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

| | | |
|---|------|---|
| Signature of plan administrator | Date | Type or print name of individual signing as plan administrator |
| Signature of employer/plan sponsor/DFE | Date | Type or print name of individual signing as employer, plan sponsor or DFE |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Form 5500 (2008)



| | |
|---|--|
| 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME | 3b Administrator's EIN |
| | 3c Administrator's telephone number |

| | |
|---|--------------|
| 4 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 below: a Sponsor's name | b EIN |
| | c PN |

| | |
|---|---------------------------|
| 5 Preparer information (optional) a Name (including firm name, if applicable) and address | b EIN |
| | c Telephone number |

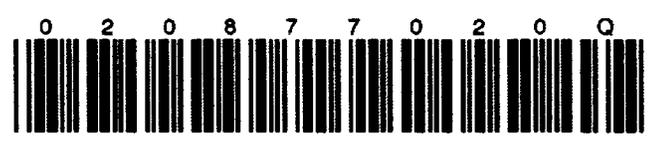
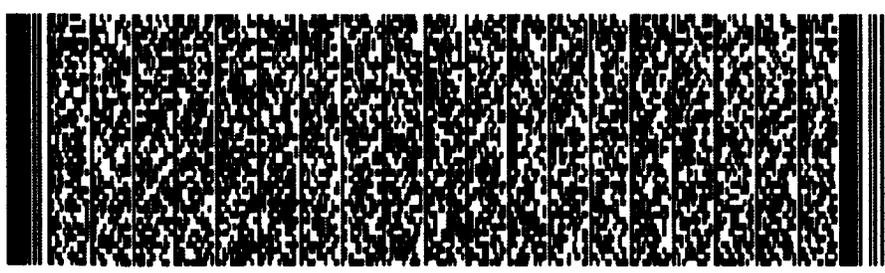
| | | |
|--|-----------|-----|
| 6 Total number of participants at the beginning of the plan year | 6 | 94 |
| 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) | | |
| a Active participants | 7a | 96 |
| b Retired or separated participants receiving benefits | 7b | |
| c Other retired or separated participants entitled to future benefits | 7c | 4 |
| d Subtotal. Add lines 7a, 7b, and 7c | 7d | 100 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 7e | |
| f Total. Add lines 7d and 7e | 7f | 100 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 7g | 93 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 7h | 8 |
| i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) | 7i | |

8 Benefits provided under the plan (complete 8a and 8b as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K 3H

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(i) insurance contracts | (2) <input type="checkbox"/> Code section 412(i) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |



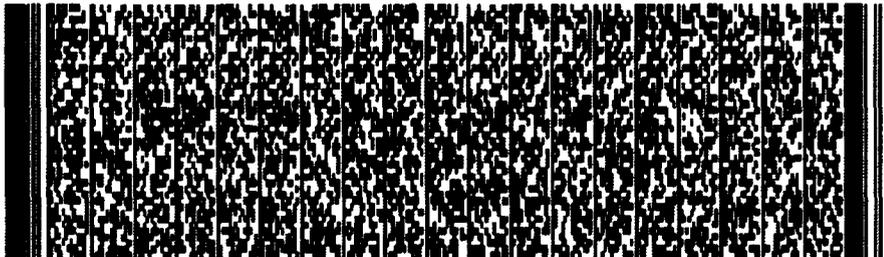
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- (1) R (Retirement Plan Information)
- (2) B (Actuarial Information)
- (3) E (ESOP Annual Information)
- (4) SSA (Separated Vested Participant Information)

b Financial Schedules

- (1) H (Financial Information)
- (2) I (Financial Information -- Small Plan)
- (3) 1 A (Insurance Information)
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)



**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

| | |
|--|---|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number 26-0610707 |

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 4-37339 | 100 | 01/01/2008 | 12/31/2008 |

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

| | |
|----------------------------------|--------------------------|
| Total amount of commissions paid | Total fees paid / amount |
| 4122 | 395 |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

NORTHWESTERN MUTUAL INVESTMENT SERV
ATTN: IPS COMPENSATION
MILWAUKEE WI 53202-4695

| (b) Amount of commissions paid | Fees paid | | (e) Organization code |
|--------------------------------|------------|----------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 4122 | 395 | REFERRAL/SERVICE FEE | 3 |

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

| (b) Amount of commissions paid | Fees paid | | (e) Organization code |
|--------------------------------|------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

| (b) Amount of commissions paid | Fees paid | | (e) Organization code |
|--------------------------------|------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |



Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|----------|--|---------|
| 3 | Current value of plan's interest under this contract in the general account at year end | 46812 |
| 4 | Current value of plan's interest under this contract in separate accounts at year end | 1291061 |
| 5 | Contracts With Allocated Funds | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | |
| c | Premiums due but unpaid at the end of the year | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount | |
| | Specify nature of costs ▶ | |
| e | Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity | |
| | (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here <input type="checkbox"/> | |
| 6 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee | |
| | (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) | |
| | ▶ FLEXIBLE INVESTMENT ANNUITY | |
| b | Balance at the end of the previous year | 22879 |
| c | Additions: (1) Contributions deposited during the year 3890 | |
| | (2) Dividends and credits | |
| | (3) Interest credited during the year 994 | |
| | (4) Transferred from separate account 114 | |
| | (5) Other (specify below) 19540 | |
| | ▶ ROLLOVER | |
| | (6) Total additions | 24538 |
| d | Total of balance and additions (add b and c (6)) | 47417 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 60 |
| | (2) Administration charge made by carrier | 164 |
| | (3) Transferred to separate account | 381 |
| | (4) Other (specify below) | |
| | ▶ | |
| | (5) Total deductions | 605 |
| f | Balance at the end of the current year (subtract e (5) from d) | 46812 |



Welfare Benefit Contract Information

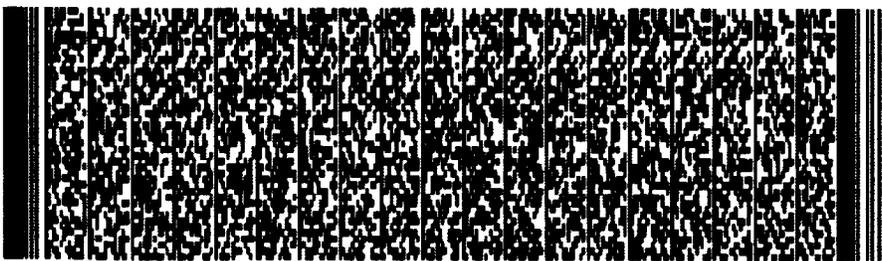
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
b Dental
c Vision
d Life Insurance
e Temporary disability (accident and sickness)
f Long-term disability
g Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with columns for description, amount, and status. Rows include: a Premiums: (1) Amount received, (2) Increase (decrease) in amount due but unpaid, (3) Increase (decrease) in unearned premium reserve, (4) Earned ((1) + (2) - (3)), b Benefit charges: (1) Claims paid, (2) Increase (decrease) in claim reserves, (3) Incurred claims (add (1) and (2)), (4) Claims charged, c Remainder of premium: (1) Retention charges (on an accrual basis) -- (A) Commissions, (B) Administrative service or other fees, (C) Other specific acquisition costs, (D) Other expenses, (E) Taxes, (F) Charges for risks or other contingencies, (G) Other retention charges, (H) Total retention, (2) Dividends or retroactive rate refunds, d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement, (2) Claim reserves, (3) Other reserves, e Dividends or retroactive rate refunds due, 9 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier, b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. Specify nature of costs.



**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to
Public Inspection.

| | |
|---|---|
| For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____ | |
| A Name of plan or DFE FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number 26-0610707 |

Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

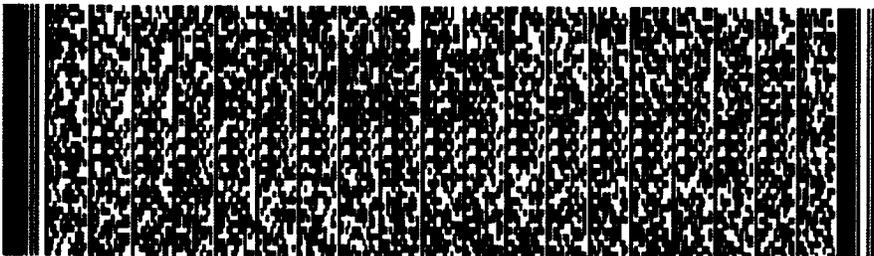
- (a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE GRW STR SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN- PN42-0127290-081 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 44543

- (a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL MONEY MKT SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN- PN42-0127290-024 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 90648

- (a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL U.S. PROPERTY SEPACT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN- PN42-0127290-027 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 163497

- (a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL BOND AND MTG SEP ACC
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN- PN42-0127290-005 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 79241

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(a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE BAL STR SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-082 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 104378

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE CON STR SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-083 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 865

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL DIVERS INTL SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-015 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 182164

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LGCP S&P 500 IDX SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-016 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 167903

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL BD EMPH BAL SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-006 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2510

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN STOCK EMPH BAL SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-032 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 13151



(a) Name of MTIA, CCT, PSA, or 103- 12IE RUSS LIFE EQGRTH ST SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-084 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 33561

(a) Name of MTIA, CCT, PSA, or 103- 12IE RUSS LIFE MOD STR SEP ACCOUNT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-085 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 16607

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRIN LARGE CAP GROWTH SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-018 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 42450

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRIN MIDCAP GROWTH SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-021 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 6755

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRIN SMALLCAP GROWTH SEP ACCT

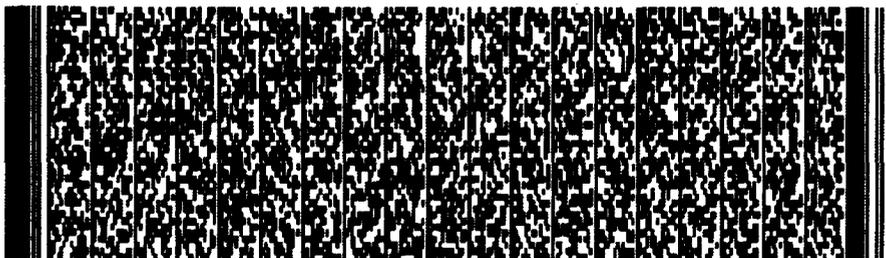
(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-030 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 45053

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRIN INTL SMALLCAP SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-014 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 69711



(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN HQ INT-TM BOND SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-009 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MIDCAP VALUE I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-043 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 98135

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MIDCAP GROWTH II SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-047 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SMALLCAP S&P 600 INDEX SA

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-028 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2716

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MIDCAP S&P 400 INDEX SA

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-023 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 38485

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SMALLCAP VALUE I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-094 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 9387



1 2 0 8 7 7 0 2 0 R



(a) Name of MTIA, CCT, PSA, or 103- 12IE PRIN LARGE CAP VALUE I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-098 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 5433

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRINCIPAL LIFETM 2010 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-075 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 33

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRINCIPAL LIFETM 2020 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-076 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 36588

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRINCIPAL LIFETM 2030 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-077 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 3066

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRINCIPAL LIFETM 2040 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-078 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 11451

(a) Name of MTIA, CCT, PSA, or 103- 12IE PRINCIPAL LIFETM 2050 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-079 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103- 12IE at end of year (see instructions) 16311



(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LIFETM STR INC SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-080 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 698

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN FIN GRP INC. STK SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-086 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 5722

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LARGE CAP BLEND I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN- PN 42-0127290-017 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN- PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN- PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN- PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____



**SCHEDULE I
(Form 5500)**
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information - - Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2008

This Form is Over
to Public Inspection.

| | | | |
|--|---|------------|--|
| For calendar year 2008 or fiscal plan year beginning | | and ending | |
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number ▶ | 001 | |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number | 26-0610707 | |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

| 1 Plan Assets and Liabilities: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| a Total plan assets | 1a | 2281582 | 2151448 |
| b Total plan liabilities | 1b | | |
| c Net plan assets (subtract line 1b from line 1a) | 1c | 2281582 | 2151448 |
| 2 Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| a Contributions received or receivable | | | |
| (1) Employers | 2a(1) | 216256 | |
| (2) Participants | 2a(2) | 285571 | |
| (3) Others (including rollovers) | 2a(3) | 37478 | |
| b Noncash contributions | 2b | | |
| c Other income | 2c | -621019 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | -81714 |
| e Benefits paid (including direct rollovers) | 2e | 41153 | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Other expenses | 2h | 7267 | |
| i Total expenses (add lines 2e, 2f, 2g, and 2h) | 2i | | 48420 |
| j Net income (loss) (subtract line 2i from line 2d) | 2j | | -130134 |
| k Transfers to (from) the plan (see instructions) | 2k | | |

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | Yes | No | Amount |
|--|-----------|----|--------|
| a Partnership/joint venture interests | 3a | X | |
| b Employer real property | 3b | X | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. V11.3 Schedule I (Form 5500) 2008



2 0 0 8 7 7 0 1 0 P



| | Yes | No | Amount |
|---|-----|----|--------|
| 3c Real estate (other than employer real property) | | X | |
| d Employer securities | X | | 731139 |
| e Participant loans | X | | 63453 |
| f Loans (other than to participants) | | X | |
| g Tangible personal property | | X | |

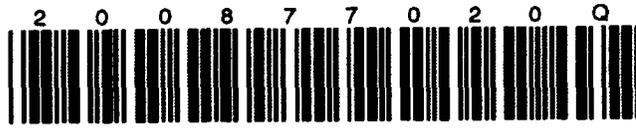
Transactions During Plan Year

| | Yes | No | Amount |
|---|-----|----|---------|
| 4 During the plan year: | | | |
| a Did the employer fail 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) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | | X | |
| e Was the plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | | X | |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | X | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year Yes No Amount _____

5b If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to
Public Inspection.

For calendar year 2008 or fiscal plan year beginning _____ and ending _____

| | |
|--|---|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number 26-0610707 |

Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** \$ [REDACTED]

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 7.

5 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 ruling letter granting the waiver Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year **6a** \$ _____

b Enter the amount contributed by the employer to the plan for this plan year **6b** \$ _____

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** \$ _____

If you completed line 6c, do not complete the remainder of this schedule.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ... Yes No N/A

Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) Increase Decrease No

Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements the ratio percentage test average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008



**FINANCIAL STATEMENTS FOR
PLAN YEAR ENDED DECEMBER 31, 2007**

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(a), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2007

This Form is Open to Public Inspection.

Annual Report Identification Information

For the calendar plan year 2007 or fiscal plan year beginning and ending

- A This return/report is for: (1) a multiemployer plan; (2) a single-employer plan (other than a multiple-employer plan); (3) a multiple-employer plan; or (4) a DFE (specify)
B This return/report is: (1) the first return/report filed for the plan; (2) an amended return/report; (3) the final return/report filed for the plan; (4) a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here
D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

Basic Plan Information - enter all requested information.

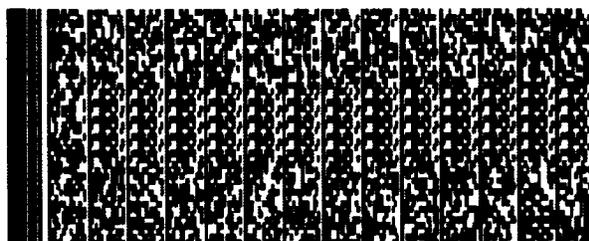
1a Name of plan: FIRST SAVINGS BANK NORTHWEST SAVING S PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan (mo., day, yr.): 01/01/1995
2a Plan sponsor's name and address (employer, if for a single-employer plan): FIRST FINANCIAL NORTHWEST, INC.
2b Employer Identification Number (EIN): 26-0610707
2c Sponsor's telephone number: 425-255-4400
2d Business code (see instructions): 522120
RENTON WA 98055-0360

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator, Date, Type or print name of individual signing as plan administrator
Signature of employer/plan sponsor/DFE, Date, Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Form 5500 (2007)



3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
 SAME

3b Administrator's EIN

3c Administrator's telephone number

4 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 below:

a Sponsor's name FIRST SAVINGS BANK OF RENTON

b EIN

91-0383363

c PN

001

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year

6

63

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants

7a

72

b Retired or separated participants receiving benefits

7b

c Other retired or separated participants entitled to future benefits

7c

3

d Subtotal. Add lines 7a, 7b, and 7c

7d

75

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

7e

f Total. Add lines 7d and 7e

7f

75

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

7g

72

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

7h

6

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

7i

8 Benefits provided under the plan (complete 8a and 8b as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K 3H

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(l) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(l) insurance contracts
- (3) Trust
- (4) General assets of the sponsor



10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- (1) **R** (Retirement Plan Information)
- (2) **B** (Actuarial Information)
- (3) **E** (ESOP Annual Information)
- (4) **SSA** (Separated Vested Participant Information)

b Financial Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information -- Small Plan)
- (3) 1 **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)



**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

For calendar plan year 2007 or fiscal plan year beginning _____ and ending _____

| | |
|--|---|
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer Identification Number 26-0610707 |

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

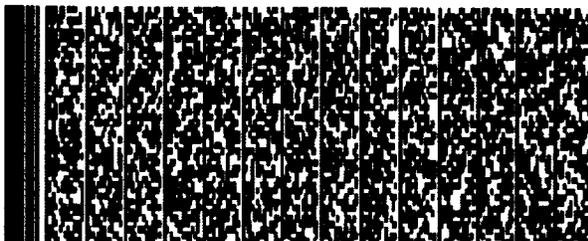
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 4-37339 | 75 | 01/01/2007 | 12/31/2007 |

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

| Totals | |
|----------------------------------|--------------------------|
| Total amount of commissions paid | Total fees paid / amount |
| 4166 | 370 |

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

v10.1 Schedule A (Form 5500) 2007



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

NORTHWESTERN MUTUAL INVESTMENT SERV
ATTN: IPS COMPENSATION
MILWAUKEE WI 53202-4695

| (b) Amount of commissions paid | Fees paid | | (e) Organization code |
|--------------------------------|------------|----------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 4166 | 370 | REFERRAL/SERVICE FEE | 3 |

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

| (b) Amount of commissions paid | Fees paid | | (e) Organization code |
|--------------------------------|------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

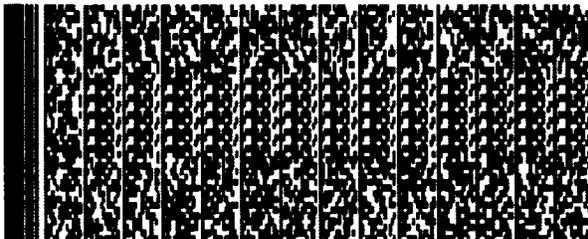
| (b) Amount of commissions paid | Fees paid | | (e) Organization code |
|--------------------------------|------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |



Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|----------|---|---------|
| 3 | Current value of plan's interest under this contract in the general account at year end | 22878 |
| 4 | Current value of plan's interest under this contract in separate accounts at year end | 1483642 |
| 5 | Contracts With Allocated Funds | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | |
| c | Premiums due but unpaid at the end of the year | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount | |
| | Specify nature of costs ▶ | |
| e | Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here | |
| 6 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) ▶ FLEXIBLE INVESTMENT ANNUITY | |
| b | Balance at the end of the previous year | 30285 |
| c | Additions: | |
| | (1) Contributions deposited during the year | 2691 |
| | (2) Dividends and credits | |
| | (3) Interest credited during the year | 851 |
| | (4) Transferred from separate account | |
| | (5) Other (specify below) | 573 |
| | ▶ MKT VALUE CHANGE | |
| | (6) Total additions | 4117 |
| d | Total of balance and additions (add b and c (6)) | 34402 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 11279 |
| | (2) Administration charge made by carrier | 149 |
| | (3) Transferred to separate account | 95 |
| | (4) Other (specify below) | |
| | ▶ | |
| | (5) Total deductions | 11523 |
| f | Balance at the end of the current year (subtract e (5) from d) | 22879 |



Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
b Dental
c Vision
d Life insurance
e Temporary disability (accident and sickness)
f Long-term disability
g Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Unavailable. Rows include Premiums (1-4), Benefit charges (1-4), Remainder of premium (A-H), and Dividends or retroactive rate refunds.

9 Nonexperience-rated contracts:

- a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, Item 2 above, report amount



**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to
Public Inspection.

For calendar plan year 2007 or fiscal plan year beginning _____ and ending _____

A Name of plan or DFE
FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN **B** Three-digit plan number 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIRST FINANCIAL NORTHWEST, INC. **D** Employer Identification Number 26-0610707

Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE GRW STR SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-081 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 26444

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL MONEY MKT SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-024 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 17117

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL U.S. PROPERTY SEPACT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-027 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 186003

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL BOND AND MTG SEP ACC

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-005 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 57953

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule D (Form 5500) 2007



(a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE BAL STR SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-082 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 95843

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE CON STR SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-083 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 1326

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL DIVERS INTL SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-015 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 347561

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LG CP STK IDX SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-016 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 82014

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL BD EMPH BAL SEP ACCT

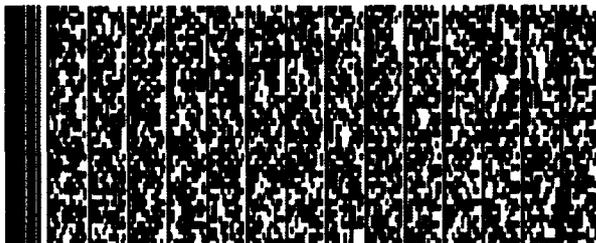
(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-006 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 1042

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN STOCK EMPH BAL SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-032 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 9611



(a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE EQGRTH ST SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-084 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 21886

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSS LIFE MOD STR SEP ACCOUNT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-085 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 8621

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LG CO GRWTH SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-018 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 67885

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL SM CO GRWTH SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-030 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 53389

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL INTL SM CO SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-014 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 83292

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN HQ INT-TM BOND SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-009 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 11194



(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN PTR MD-CP VAL I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-043 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 144679

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN PTR MD-CP GR II SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-047 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2412

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SM CAP STK IDX SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-028 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2568

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MID CAP STK IDX SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-023 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 42514

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN PTR SM-CAP VAL I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-094 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 5469

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN PTR LG-CAP VAL I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-098 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 3176



(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2010 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-075 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2020 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-076 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 13574

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2030 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-077 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2045

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2040 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-078 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 7677

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2050 SEP ACCT

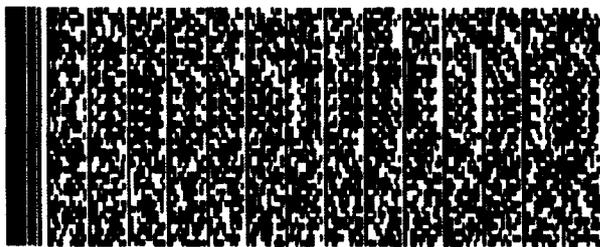
(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-079 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 3636

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LIFETM STR INC SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-080 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 47



(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN FIN GRP INC. STK SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-086 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 17387

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN PTR LG-CAP BLD I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-017 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 167273

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____



**SCHEDULE I
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open
to Public Inspection.

| | | | |
|--|---|------------|--|
| For calendar year 2007 or fiscal plan year beginning | | and ending | |
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number 001 | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer identification Number 26-0610707 | | |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

| 1 Plan Assets and Liabilities: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| a Total plan assets | 1a | 1761669 | 2281582 |
| b Total plan liabilities | 1b | | |
| c Net plan assets (subtract line 1b from line 1a) | 1c | 1761669 | 2281582 |
| 2 Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| a Contributions received or receivable | | | |
| (1) Employers | 2a(1) | 163252 | |
| (2) Participants | 2a(2) | 216559 | |
| (3) Others (including rollovers) | 2a(3) | 219769 | |
| b Noncash contributions | 2b | | |
| c Other income | 2c | 126382 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | 725962 |
| e Benefits paid (including direct rollovers) | 2e | 195791 | |
| f Corrective distributions (see instructions) | 2f | 1375 | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Other expenses | 2h | 8883 | |
| i Total expenses (add lines 2e, 2f, 2g, and 2h) | 2i | | 206049 |
| j Net income (loss) (subtract line 2i from line 2d) | 2j | | 519913 |
| k Transfers to (from) the plan (see instructions) | 2k | | |
| 3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. | | | |
| | | Yes | No |
| a Partnership/joint venture interests | 3a | | X |
| b Employer real property | 3b | | X |
| | | Amount | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule I (Form 5500) 2007



| | Yes | No | Amount |
|---|-----|----|--------|
| 3c Real estate (other than employer real property) | | X | |
| d Employer securities | X | | 745052 |
| e Participant loans | X | | 30010 |
| f Loans (other than to participants) | | X | |
| g Tangible personal property | | X | |

Transactions During Plan Year

| | Yes | No | Amount |
|---|-----|----|---------|
| 4 During the plan year: | | | |
| a Did the employer fail 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) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | | X | |
| e Was the plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | | X | |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | X | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year Yes No Amount _____

5b If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

| | |
|--|---|
| For calendar year 2007 or fiscal plan year beginning _____ and ending _____ | |
| A Name of plan FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN | B Three-digit plan number 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FINANCIAL NORTHWEST, INC. | D Employer identification number 26-0610707 |

Distributions

All references to distributions relate only to payments of benefits during the plan year.

| | |
|---|------|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions | 1 \$ |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 42-0127290 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. | |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 |

Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

| | |
|--|---|
| 4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5 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 ruling letter granting the waiver | Month _____ Day _____ Year _____ |
| 6a Enter the minimum required contribution for this plan year | 6a \$ |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b \$ |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) | 6c \$ |
| 7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

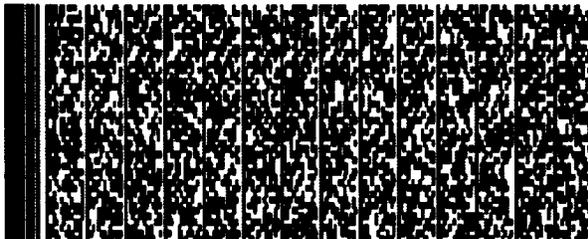
Amendments

| | |
|--|---|
| 8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No |
|--|---|

Coverage (See instructions.)

| | | |
|---|--|---|
| 9 Check the box for the test this plan used to satisfy the coverage requirements | <input type="checkbox"/> the ratio percentage test | <input type="checkbox"/> average benefit test |
|---|--|---|

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule R (Form 5500) 2007



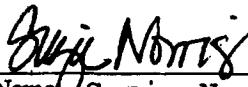
SIGNATURES

The Plan. Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

FIRST SAVINGS BANK NORTHWEST SAVINGS PLAN

By: First Savings Bank Northwest, as Plan Administrator

Date: 12/28/2012

By: 
Name: Suzie Norris
Title: V.P. Human Resources