## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

0010

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	)7/31/2	2010	
Α.	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan
В .	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested information	ation				
	Name of plan			1b	Three-digit	
ANCI	HOR BAY INSURANCE MANAGERS, INC. 401(K) PLAN				plan number	001
				4.0	(PN) •	
				10	Effective date of 05/01/2	•
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identif	ication Number
	HOR BAY INSURANCE MANAGERS, INC.	,			(EIN) 91-2048	
1004	9 KITSAP MALL BLVD., SUITE 303			2c	Plan sponsor's t	elephone number
	ERDALE, WA 98383			2d	Business code (	
					524210	
3a	Plan administrator's name and address (if same as Plan sponsor, er HOR BAY INSURANCE MANAGERS, INC. 10049 KITSA	nter "Same	e")	3b	Administrator's E	
AINCI	SILVERDALE	E, WA 983	83	30		elephone number
				30	360-613	3-5455
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
-	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI	
5a	Total number of participants at the beginning of the plan year			5a	110	17
b	Total number of participants at the end of the plan year			5b		0
C	Total number of participants with account balances as of the end of			30		
	complete this item)			5c		0
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			Yes No
b	Are you claiming a waiver of the annual examination and report of a					X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		,			
Pa	rt III Financial Information	21111 0000	or and must instead use roim of			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	21012	2		0
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	21012	2		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:	2 (1)				
	(1) Employers	8a(1)	255	8		
	(2) Participants	8a(2)	2001	_		
h	(3) Others (including rollovers)	8a(3) 8b	-929	6		
b	Other income (loss)	8c	523			-6738
c d	Benefits paid (including direct rollovers and insurance premiums	80				
-	to provide benefits)	8d	19473	1		
е	Certain deemed and/or corrective distributions (see instructions)	8e	864	9		
f	Administrative service providers (salaries, fees, commissions)	8f	•	4		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				203384
i	Net income (loss) (subtract line 8h from line 8c)	8i				-210122
i	Transfers to (from) the plan (see instructions)	Qί				

	Form 5500-SF 2010 Page <b>2-</b>				
ar	t IV Plan Characteristics				
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara $2E$ $2J$ $2K$ $2G$ $3D$ $2T$	acteris	tic Co	des in the	instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	les in the i	instructions:
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		2000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a	X		0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
rt	VI Pension Funding Compliance	•	•		

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho 5500))			Y	es	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section			Y	′es 🏻	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver				r ruling	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	П	N/A

X Yes No
13a 0
ntrol Yes No
(2) EIN(s) 13c(3) PN(s)
r

X Yes No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

**Plan Terminations and Transfers of Assets** 

Part VII

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/30/2010	SALLY R. CABBELL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	rt I   Annual Report Identification Information							
FUI	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 07/31/2010							
Α .	his return/report is for: Single-employer plan		one-participant plan					
В :	is return/report is for: first return/report							
an amended return/report short plan year return/report (less than 12 m								
C	Check box if filing under: Form 5558		extension	)	DFVC program			
special extension (enter description)					U Drve program			
Do	The state of the s			***	· · · · · · · · · · · · · · · · · · ·			
575.7	rt II Basic Plan Information—enter all requested information	ation	200					
	Name of plan			10	Three-digit			
ANG	HOR BAY INSURANCE MANAGERS, INC. 401(K) PLAN				plan number (PN) • 001			
		1c	Effective date of plan					
				,,	05/01/2002			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
ANC	HOR BAY INSURANCE MANAGERS, INC.				(EIN) 91-2048606			
1004	9 KITSAP MALL BLVD., SUITE 303			2c	Plan sponsor's telephone number 360-613-5455			
	ERDALE WA 98383			24				
NA-SCHOOL STATE				Zu	Business code (see instructions) 524210			
3a	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	")	3b	Administrator's EIN			
SAM					91-2048606			
				3c	Administrator's telephone number 360-613-5455			
4 1	the name and/or EIN of the plan sponsor has changed since the last	st return/re	oort filed for this plan, enter the	4b	EIN			
1	name, EIN, and the plan number from the last return/report. Sponso	r's name						
5a	Total number of participants at the beginning of the plan year			100000	PN			
b	Total number of participants at the end of the plan year				17			
				5b	0			
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c	0			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of	אמו	2=3 50					
	20 CED 2500 404 400 (C ) 1	an indepen	aora quannea paono accountant (10	ALA)	El D			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		Yes No			
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo	and conditi	ons.)		Yes No			
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	and conditi	ons.) SF and must instead use Form 5					
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities	and conditi orm 5500-	ons.) SF and must instead use Form 5 (a) Beginning of Year	500.	(b) End of Year			
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-	ons.) SF and must instead use Form 5	500.				
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Total plan liabilities	7a	ons.)	2	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	and condition 5500-	ons.)	2	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7a	ons.)	2	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	7a 7b 7c	ons.)	2	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7a 7b 7c 8a(1)	ons.)	2	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 21012 (a) Amount	2	(b) End of Year			
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 21012 21012 (a) Amount	2 2 8	(b) End of Year			
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 21012 (a) Amount	2 2 8	(b) End of Year  0  (b) Total			
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 21012 21012 (a) Amount	2 2 8	(b) End of Year			
7 a b c 8 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 21012 (a) Amount  255	500. 2 2 2 8 6	(b) End of Year  0  (b) Total			
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use For the plan	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 21012 21012 (a) Amount	500. 2 2 2 8 6	(b) End of Year  0  (b) Total			
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 21012 (a) Amount  255	500. 2 2 2 8 6	(b) End of Year  0  (b) Total			
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use For the plan	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 21012 (a) Amount  255	2 2 2 8 6 1	(b) End of Year  0  (b) Total			
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 21012 (a) Amount  255	2 2 2 8 6 1	(b) End of Year  0  (b) Total			
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use For the plan	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 21012 (a) Amount  255	2 2 2 8 6 1	(b) End of Year  0  (b) Total			

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Page	•	4	l
Page	/-	131	ı

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## Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2G 3D 2T

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

Ŋ	r the plan provides wellare benefits, enter the applicable wellare leatur	re codes from the L	ist of Pian Charac	cterist	ic Cod	ies in li	ne instruct	ions:	
Part	V Compliance Questions		***************************************						
10	During the plan year:	1000			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time per Correction Progra	iod described in m)	10a		х			-
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х			2000	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelii or dishonesty?	ity bond, that was c	aused by fraud	10d		х			
е									
f	Has the plan failed to provide any benefit when due under the plan?	***************************************		10f		Х	-2.30		
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g	X				0
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	10h		х		) <u> </u>	
j	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	e of the	10i			11.4.76%		
Part	/I Pension Funding Compliance				in .		No.		
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	? (If "Yes," see inst	ructions and comp	plete	Sched	ule SB	(Form	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requ	irements of section	1 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes X	No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. If a waiver of the minimum funding standard for a prior year is being an according to a value.	nortized in this plan	year, see instruc	tions,	and e	nter the	e date of t	he letter ruling	
If v	granting the waiver								
	Enter the minimum required contribution for this plan year	A THE RESERVE THE PARTY OF THE	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		Г	12b			
С	Enter the amount contributed by the employer to the plan for this plan y					12c			-
d	Subtract the amount in line 12c from the amount in line 12b. Enter the repative amount)	result (enter a minu	is sign to the left o	of a		12d	Derrich		-
е	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?		<u></u> ,			Yes	No 1	N/A
Part	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	r?					X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the emplo					13a			0
b	Were all the plan assels distributed to participants or beneficiaries, tran of the PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plar	n(s) to				
1	3c(1) Name of plan(s):	<del></del>			13	c(2) EII	V(s)	13c(3) PN	V(s)
	on: A penalty for the late or incomplete filing of this return/report v								
SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	leclare that I have e the electronic vers	examined this retu sion of this return/r	ırn/rep report	ort, in , and i	cluding to the b	i, if applicates of my	able, a Schedu knowledge and	ıle d
SIGI	* Leuin 1	1/28/10	SALLY R. CABE	BELL			12		
HER	7	Dale	Enter name of in	dividu	ıal sig	ning as	plan adm	inistrator	
SIGI					· · · · ·				
HER		Date	Enter name of in	dividu	ıal sig	ning as	employer	or plan spons	or