# 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

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/	2010	and ending	12/31/2	2010			
Α	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plar	n year return/report (less than 12 me	onths)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter descr	iption)						
Pa	art II Basic Plan Information—enter all requested info	ormation						
	Name of plan	omaton		1b	Three-digit			
	NSURANCE 401(K) PLAN				plan number 001			
					(PN) ▶			
				1c	Effective date of plan 01/01/2002			
2a	Plan sponsor's name and address (employer, if for single-emplo	wer nlan)		2h	Employer Identification Number			
	VEY-MONTEITH INSURANCE, INC.	yei piari)			(EIN) 91-1255333			
0005	WEST COURT STREET			2c	Plan sponsor's telephone number			
	WEST COURT STREET CO, WA 99301			24	509-783-2141			
				<b>2</b> a	Business code (see instructions) 524210			
3a	Plan administrator's name and address (if same as Plan sponso	or, enter "Sam	e")	3b	Administrator's EIN			
HAR		ST COURT S WA 99301	TREET		91-1255333			
	•			3c	Administrator's telephone number 509-783-2141			
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/re	port filed for this plan, enter the	4b	FIN			
	name, EIN, and the plan number from the last return/report. Spo		' '					
				4c				
	Total number of participants at the beginning of the plan year			5a 5b	33			
b	Total number of participants at the end of the plan year				35			
С	Total number of participants with account balances as of the en complete this item)		•	. 5c	16			
6a	Were all of the plan's assets during the plan year invested in el				X Yes No			
b	Are you claiming a waiver of the annual examination and report	of an indeper	ndent qualified public accountant (IC	QPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	•	,		Yes   No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot us art III Financial Information	e Form 5500-	SF and must instead use Form 5	500.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
-	Total plan assets	7a	9831	8	130805			
b	Total plan liabilities			0	0			
C	Net plan assets (subtract line 7b from line 7a)		9831	8	130805			
8	Income, Expenses, and Transfers for this Plan Year	,,	(a) Amount		(b) Total			
а	Contributions received or receivable from:		(a) Amount		(S) Total			
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)	2082					
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	1217	71				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				32994			
d	Benefits paid (including direct rollovers and insurance premium to provide benefits)		50	00				
е	Certain deemed and/or corrective distributions (see instructions	) <b>8e</b>		0				
f	Administrative service providers (salaries, fees, commissions)	8f		7				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				507			
i	Net income (loss) (subtract line 8h from line 8c)	8i			32487			
	Transfers to (from) the plan (see instructions)			0				

	F	orm 5500-SF 2010 Page <b>2-</b>								
Dar	t IV	Plan Characteristics								
a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara P 2G 2J 2K 2T 3D	acteris	stic Co	des in	the instr	uction	is:		
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in t	the instru	uctions	s:		
art	: <b>V</b>	Compliance Questions								
0	Durir	ng the plan year:		Yes	No		An	ount		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c	X					100	00
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X						91
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h	X						
i		was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i	X						
art	VI	Pension Funding Compliance								
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			`	[	Yes	X 1	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 🖺 No							٧o		
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver				ne date o		etter ru ar	ling 	
lf :	you co	impleted 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									
С	Enter the amount contributed by the employer to the plan for this plan year				12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left live amount)			12d					
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/	Α
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

### 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, 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.	09/15/2011	MARK MONTEITH
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

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

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OMB Nos. 1210-0110 1210-0089

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	ension Benefit Guaranty Corporation  Complete all entries in accord	dance with	the instructions to the Form 5500	-SF.	•			
	rt I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 0	1/01/2	010 and ending		12/31/2010			
Α.	This return/report is for: 🗵 single-employer plan 📗	multiple-e	mployer plan (not multiemployer)		one-participant plan			
B	This return/report is for: first return/report	final return	n/report	,	_			
	an amended return/report	short plan	year return/report (less than 12 mor	iths)				
C	Check box if filing under: 🛛 Form 5558	automatic	extension		DFVC program			
_	special extension (enter description	กา						
00	rt II Basic Plan Information—enter all requested information				· · · · · · · · · · · · · · · · · · ·			
	Name of plan	alion		1h	Three-digit			
	HM INSURANCE 401(K) PLAN		·	טו	plan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
					01/01/2002			
2a	Plan sponsor's name and address (employer if for single-employer HARVEY-MONTEITH INSURANCE, INC.	plan)			Employer Identification Number			
	micel notification and and an income				(EIN) 91-1255333 Plan sponsor's telephone number			
	3825 WEST COURT STREET			20	(509) 783-2141			
	3023 WEST COURT STREET			2d	Business code (see instructions)			
	PASCO		WA 99301		524210			
	Plan administrator's name and address (if same as Plan sponsor, e SAME	nter "Same	<b>)"</b> )	3b	Administrator's EIN			
	SAME			20	Administrator's talentess much as			
	·			30	Administrator's telephone number			
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4.				
		<del></del>		4c				
5a	Total number of participants at the beginning of the plan year			5a	33			
	Total number of participants at the end of the plan year			5b	35			
С	Total number of participants with account balances as of the end of complete this item)			5c	16			
68	Were all of the plan's assets during the plan year invested in eligib				X Yes ∏ No			
	Are you claiming a waiver of the annual examination and report of		•					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes   No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III   Financial Information	T						
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year			
а	Total plan assets	. 7a	98,31		130,805			
b	Total plan liabilities	. 7b		0	0			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	98,31	.8	130,805			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	00/41		0				
	(1) Employers	. 8a(1)	20,82	<u> </u>				
	(2) Participants	8a(2)	20,82	<u>.</u>				
	(3) Others (including rollovers)		20.15	.4				
D	Other income (loss)		12,17					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>		+	32,994			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d_	50	0				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		7				
g	Other expenses			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				507			
i	Net income (loss) (subtract line 8h from line 8c)			1	32,487			
- :	Transfers to (from) the plan (see instructions)			0				

Par	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feature and the plan provides pension feature and pension feature are plant and pension feature are plant and pension feature are plant and pension feature.	ature codes from the L	ist of Plan Charac	teristic (	odes in	the instruction	ons:			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	V Compliance Questions									
10	During the plan year:			Ye	No	A	mount			
а	Was there a fallure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			l0a	х					
þ	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C	Was the plan covered by a fidelity bond?		1	10c X			1	10,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?		<u>[</u> 1	l0d	х					
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	the benefits under the	plan? (See	10e X				91		
f	Has the plan failed to provide any benefit when due under the plan?		L	101	Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g	Х					
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)			10h X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	101 X						
Part	VI Pension Funding Compliance					<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	•			
11	is this a defined benefit plan subject to minimum funding requirement 5500))						Yes	⊠ No		
	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ole.) amortized in this plan	year, see instructi	ions, an	d enter t	he date of the	Yes e letter ru /ear	iling		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule I				12b	<del>1</del>				
b	Enter the minimum required contribution for this plan year				12c	<del> </del>				
c d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a minu	s sign to the left o	fa	12d					
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?			,,,,,,,,,,	Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	?				Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		<u></u>	13a			24.00		
	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?			· <b>···</b> ···			Yes	No ⊠		
С	C 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.)									
	I3c(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·		13c(2) EIN(s) 13c(3				) PN(s)		
				-			<del> </del>			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
SB	er penalties of perjury and other penalties set forth in the instructions, ir Schedule MB completed and signed by an enrolled actuary, as well f, it is true, correct, and complete.	I declare that I have e as the electronic vers	examined this return/re	m/repor eport, a	, includi nd to the	ng, if applica best of my k	ble, a Sci nowledge	hedule e and		
	seation 410 u	Mask )	$\overline{n}$	tasl	eith					
SIG	17	9 5 11 Date	Enter name of inc	dividual			nistrator			
	1611 11 - 1-40	9/5/11	Mark	11 (	n	Fill				
	SION INTE							ponsor		
	Signature of employer/plan sponsor	1 2010		-1114401	BB					

Form 5500-SF 2010