Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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Inspection

2011
This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Pa	art I Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α -	Γhis return/report is for: X a single-employer plan □	his return/report is for:						
	This return/report is: the first return/report	eturn/report						
		a short pla	an year return/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	extension	,	DFVC program				
•	special extension (enter description		, extension					
Do	rt II Basic Plan Information—enter all requested informa							
	Name of plan	alion		1h	Three-digit			
	S FRENCH INSURANCE INC P.S. PLAN			וו	plan number			
,,	011(E1(011)11(001)11(102)11(01)1(E1(1)				(PN) • 001			
				1c	Effective date of plan			
					01/01/1976			
	Plan sponsor's name and address; include room or suite number (els N FRENCH INSURANCE, INC	mployer, if	for a single-employer plan)	2b	Employer Identification Number (FIN) 91-0885980			
J/ (IVII	TO INTIMENOT MODIVINOE, INC			0-	(LII4)			
				2C	Sponsor's telephone number			
	WEST 24TH AVE STE A103 IEWICK, WA 99338			2d	Business code (see instructions)			
					524210			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	:")	3b	Administrator's EIN			
IAME	S N FRENCH INSURANCE, INC 4206 WEST 2 KENNEWICK				91-0885980			
	KENNEWION	., VVA 3330		3c	Administrator's telephone number 509-586-9128			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b				
-	name, EIN, and the plan number from the last return/report.	aor i otai i j	repert med for any plan, enter and					
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	6			
b	Total number of participants at the end of the plan year			5b	7			
С	Number of participants with account balances as of the end of the p		•	E 0	6			
Δ-	complete this item)			5c	U v □ v.			
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a		· ·		X Yes No			
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Information	1		1				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	127700		145278			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	127700		145278			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	90(1)						
	(1) Employers	8a(1)	14637	_				
	(2) Participants	8a(2)	11007	_				
h	(3) Others (including rollovers)	8a(3)	2941	_				
b		8b	2011		17578			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
4	to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			17578			
j	Transfers to (from) the plan (see instructions)	8j						
	annuals Poduction Act Nation and OMP Control Numbers and the instructions for			_				

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Form	カカロロ	->-	ンロコ	-

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Da = 4 1\/	Diam	Charas	::
Part IV	Plan	Charac	teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2F
- **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:		Yes	No	Α	mount	
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?	X				25000	
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		X			
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.)	10g		Χ			
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					
art	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	☐ No
12							
	(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 amortized in this plan year, see instruction granting the waiver						
	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?			Пу	es X No		
Iou	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	Ш.	00 11 110		
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to			ntrol			
	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) Ell	V(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establi	ished.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retused the schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/09/2012	MARK EDISON
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

Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information						
For c		01/01/20	11 and ending		12/31/2011		
A T	his return/report is for:	a multiple-er	mployer plan (not multiemployer)		a one-participant plan		
Вт	his return/report is: the first return/report	the final return/report					
		a short plan	year return/report (less than 12 mo	nths)			
c c	Check box if filing under: Form 5558	automatic ex	• •	ĺ	DFVC program		
0 0	special extension (enter description)		.temeno.	ı			
Do							
٠	rt II Basic Plan Information—enter all requested information	ation		1h	There disit		
	Name of plan ES FRENCH INSURANCE INC P.S. PLAN				Three-digit plan number		
UAM	ES PRENCH INSURANCE INC P.S. PLAN				(PN) • 001		
					Effective date of plan		
				(01/01/1976		
	Plan sponsor's name and address; include room or suite number (e 4ES_N_FRENCH_INSURANCE,_INC	mployer, if fo	r a single-employer plan)		Employer Identification Number (EIN) 91-0885980		
420	06 WEST 24TH AVE STE A103				Sponsor's telephone number		
					509-586-9128		
KEN	NNEWICK WA 99338			2d	Business code (see instructions)		
					524210		
3a F	Plan administrator's name and address (if same as plan sponsor, et MES_N_FRENCH_INSURANCE,_INC	nter "Same")			Administrator's EIN 91-0885980		
420	06 WEST 24TH AVE STE A103			3c	Administrator's telephone number 509-586-9128		
	NNEWICK WA 99338 If the name and/or EIN of the plan sponsor has changed since the I	act roturn/ror	port filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report.	astretumner	out filed for this plan, enter the	40	EIN		
as	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	6		
b Total number of participants at the end of the plan year				5b	7		
	Number of participants with account balances as of the end of the properties complete this item)	, ,	·	5c	6		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	ee instructions.)		X Yes No		
	Are you claiming a waiver of the annual examination and report of				وسنم وسنم		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	•		X Yes No		
	If you answored "No" to either 6a or 6b, the plan cannot use Fr						
D		orm 5500-SF	and must instead use Form 550				
	rt III Financial Information	orm 5500-SF					
7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning of Year	00.	(b) End of Year		
7 a	rt III Financial Information Plan Assets and Liabilities Total plan assets	. 7a		00.	(b) End of Year 145278		
7 a b	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	. 7a . 7b	(a) Beginning of Year 12770	0	145278		
7 a b	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a	(a) Beginning of Year 12770	0	145278 145278		
7 a b c	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 . 7b	(a) Beginning of Year 12770	0	145278		
7 a b c 8 a	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	(a) Beginning of Year 12770	0	145278 145278		
7 a b c 8 a	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	7a 7b 7c 8a(1)	(a) Beginning of Year 12770 12770 (a) Amount	0	145278 145278		
7 a b c 8 a	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	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 12770	0	145278 145278		
7 a b c 8 a	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 12770 12770 (a) Amount	0 0 7	145278 145278		
7 a b c 8 a	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 12770 12770 (a) Amount	0 0 7	145278 145278 (b) Total		
7 a b c 8 a	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	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 12770 12770 (a) Amount	0 0 7	145278 145278		
7 a b c 8 a b c	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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 12770 12770 (a) Amount	0 0 7	145278 145278 (b) Total		
7 a b c 8 a b c d	Plan Assets and Liabilities Total plan assets. Total plan liabilities	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 12770 12770 (a) Amount	0 0 7	145278 145278 (b) Total		
7 a b c 8 a b c d e f	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	(a) Beginning of Year 12770 12770 (a) Amount	0 0 7	145278 145278 (b) Total		
7 a b c 8 a b c d e f	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	(a) Beginning of Year 12770 12770 (a) Amount	0 0 7	145278 145278 (b) Total		
7 a b c 8 a b c d e f g h	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 12770 12770 (a) Amount	0 0 7	145278 145278 (b) Total		

Par	t IV	Plan Characteristics				_					
9a	If the 2E	plan provides pension benefits, enter the applicable pension feature $2 G - 2 J - 2 K - 3 D - 2 F$	codes from the L	ist of Plan Chara	cteris	tic Co	des in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	٧	Compliance Questions									
10		ng the plan year:				Yes	No		Amou	nt	
а	Was	s there a failure to transmit to the plan any participant contributions with CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	rithin the time perio Correction Progran	od described in [n)	10a		Х				
b		e there any nonexempt transactions with any party-in-interest? (Do n ne 10a.)			10b		Х				
С	C Was the plan covered by a fidelity bond?									2	5000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity ishonesty?	bond, that was ca	aused by fraud	10d		Х				
е	Wer	e any fees or commissions paid to any brokers, agents, or other pers rance service or other organization that provides some or all of the b ructions.)	sons by an insura enefits under the	nce carrier, plan? (See	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 yea	ar end.)		10g		Х				
h	If th	is is an individual account plan, was there a blackout period? (See in 0.101-3.)	structions and 29	CFR	10h		Х				
i		The was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part	VI	Pension Funding Compliance									
11	Is th	is a defined benefit plan subject to minimum funding requirements? ((If "Yes," see instr	uctions and com	plete	Sched	lule SE	3 (Form		⁄es [No
12		nis a defined contribution plan subject to the minimum funding require								res [No
a If	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amo nting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Mon	ctions, th	and e	enter th Day	ne date of	the lette Year _	r rulin	g
		er the minimum required contribution for this plan year				L	12b				
С		er the amount contributed by the employer to the plan for this plan ye				- 1	12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the reative amount)	sult (enter a minu	s sign to the left	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the fun	nding deadline?					Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?					\Box	Yes X	No		
		'es," enter the amount of any plan assets that reverted to the employ				3a					
b	We	re all the plan assets distributed to participants or beneficiaries, trans	ferred to another			the co	ontrol			Yes	X No
С	If d	uring this plan year, any assets or liabilities were transferred from this ch assets or liabilities were transferred. (See instructions.)		olan(s), identify t	he pla	n(s) to)				
	13c(1) Name of plan(s):			-	13	c(2) E	IN(s)	13	3c(3) i	N(s)
		A penalty for the late or incomplete filing of this return/report w									
SB	or Sch	nalties of perjury and other penalties set forth in the instructions, I de- nedule MB completed and signed by an enrolled actuary, as well as the strue, correct, and complete.	clare that I have e the electronic vers	examined this retain of this return.	urn/re /repor	port, i t, and	ncludir to the	ng, if appli best of m	cable, a y knowle	Sche edge a	dule and
010	. NI	Wall Steron 5	19/0	Mark Ediso	n						
SIG		Signature of plan administrator	ate	Enter name of i	ndivid	ual sid	gning a	s plan ad	ministrat	tor	
	ERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							nsor			

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