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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	O-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan	
			eturn/report	l		•	
			•	antha)			
_			in year return/report (less than 12 mo	ontns) I	¬		
С	Check box if filing under:	automatic	extension		DFVC progra	ım	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested informa	ition					
1a	Name of plan			1b	Three-digit		
HM II	NSURANCE 401(K) PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of		
					01/01		
	Plan sponsor's name and address; include room or suite number (en VEY-MONTEITH INSURANCE, INC.	nployer, if	for a single-employer plan)		Employer Identif		r
LIAIX	VET-WONTEHTTINGORANCE, INC.				(= 11 4)	55333	
				2c	Sponsor's telep		
	GAGE BLVD		•	0.1	509-78		
KENI	NEWICK, WA 99336			2a	Business code (s)
2-	District the second sec	. "0	m)	26	52421		
	Plan administrator's name and address (if same as plan sponsor, entary-MONTEITH INSURANCE, INC. 8518 GAGE B		(**)	30	Administrator's I	EIN 255333	
, ., .	KENNEWICK,		36	3c	Administrator's t		her
					509-783		
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.			_			
	Sponsor's name			4c	PN		
5a	5a Total number of participants at the beginning of the plan year						3
b	Total number of participants at the end of the plan year		5b	5b			
С	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not						
	complete this item)			5c			1
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	3					V v	NI.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	JU.			
	rt III Financial Information			1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	130805			150962	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	130805			150962	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal	
а	Contributions received or receivable from:		0				
	(1) Employers	8a(1)		_			
	(2) Participants	8a(2)	24255				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-1742				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				22513	
d	Benefits paid (including direct rollovers and insurance premiums		2200				
	to provide benefits)	8d	2300	_			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	56				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2356	
i	Net income (loss) (subtract line 8h from line 8c)	8i				20157	
i	Transfers to (from) the plan (see instructions)		0				
,	- (- , - (8j					

Form	5500-SF 2011	

Plan Characteristics

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9a 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 3D

Part IV

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

During the plan year: 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)	X X	X X X X X			ount	15000
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	X	X X X				15000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 1000 1010 1011 1021 1031 1031 1031 1031 1031 1031 1031 1031 1031 1041 1051 1051 1051 1051 1051 1051		×				15000
or dishonesty?	; ;	×				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	3	X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	j	X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		-				
2520.101-3.)	n	X				
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	i					
VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))					Yes	☐ No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s					Yes	X No
(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. Month						
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Γ	12b				
Enter the minimum required contribution for this plan year	Г	12D	_			
Enter the amount contributed by the employer to the plan for this plan year		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?	_		Yes	1 a	No	N/A
VII Plan Terminations and Transfers of Assets				<u></u>		
Has a resolution to terminate the plan been adopted in any plan year?		. \Box	Yes	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 of the PBGC?					Yes	X No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth during this plan year, any assets or liabilities were transferred. (See instructions.)	an(s) to	0				_
I3c(1) Name of plan(s):	13	3c(2) E	EIN(s)		13c(3)	PN(s)
ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use is	estal	blished.			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/26/2012	MARK H. 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 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art i Annual Report Idei calendar plan year 2011 or fiscal p		01 /01 /	2011		40/04/15			
			01/01/	•		12/31/201	.1		
		a single-employer plan	:	le-employer plan (not multiemployer)		a one-particip	ant plan		
В	H	the first return/report	=	return/report					
	H	an amended return/report	∐a short p	lan year return/report (less than 12 m	onths)			
С	Check box if filing under:	Form 5558	automat	ic extension	DFVC program				
		special extension (enter descrip							
		tion—enter all requested infor	mation						
1a	Name of plan				1b	Three-digit			
	HM INSURANCE 401(K)	PLAN				plan number (PN) ▶	001		
					10	Effective date of			
					"	01/01/2002			
2a	Plan sponsor's name and address		(employer,	if for a single-employer plan)	2b	Employer Identif	ication Number		
	HARVEY-MONTEITH INSU	RANCE, INC.				(EIN) 91-125			
					2c	Sponsor's teleph			
	8518 GAGE BLVD				24	(509) 783-			
	KENNEWICK			WA 99336	2a	Business code (s	see instructions)		
3a	Plan administrator's name and add	dress (if same as plan sponsor,	enter "Sam	e")	3b	Administrator's E			
	SAME			,	<u> </u>				
					3с	Administrator's to	elephone number		
4	If the name and/or EIN of the plan	sponsor has changed since the	e last return	/report filed for this plan, enter the	4h	EIN			
	name, EIN, and the plan number t	from the last return/report.		report med for the plan, criter me	H-10	EIN			
	Sponsor's name			<u> </u>	4c	PN			
					5a		35		
					5b		36		
С	Number of participants with accou	int balances as of the end of the	plan year	defined benefit plans do not	5c		1.0		
62				(See instructions.)			<u> </u>		
b	Are you claiming a waiver of the a	กฐ เกe ผลก year invested in eligi เภทนลโ examination and report o	ible assets : f an indene	ndent qualified public accountant (IQI	 DAN		X Yes No		
	under 29 CFR 2520.104-46? (See	e instructions on waiver eligibility	y and condit	tions.)			Yes No		
Da	If you answered "No" to either 6 rt III Financial Information		Form 5500	SF and must instead use Form 550	00.				
7	Plan Assets and Liabilities	<u>on</u>		T	_				
a				(a) Beginning of Year	_ -	(b) End			
b	Total plan liabilities			130,80	_	 	150,962		
c	Net plan assets (subtract line 7b fr				<u> </u>		. 0		
8	Income, Expenses, and Transfers		7c	130,80	기 -		150,962		
-	Contributions received or receivab		-	(a) Amount	+	(b) Te	otal		
-	(1) Employers		8a(1)		0				
	(2) Participants		8a(2)	24,25	5				
	(3) Others (including rollovers)		8a(3)		0				
þ	Other income (loss)		8b	(1,742)				
C	Total income (add lines 8a(1), 8a(2		8c		\mathbf{I}^{-}		22,513		
d	Benefits paid (including direct rollo	vers and insurance premiums							
_	to provide benefits)		_	2,30	<u> </u>				
e f	Certain deemed and/or corrective of	•			0				
1	Administrative service providers (s.			5	-				
g	Other expenses (add 5 2d 0		-3		0				
h	Total expenses (add lines 8d, 8e, 8				+		2,356		
i	Net income (loss) (subtract line 8h Transfers to (from) the plan (see in				_		20,157		
J For P	perwork Reduction Act Notice and OMB Co				0				
		viisi vi itaiiisaid, ogg uit ilibuuddi0NS TO		Г-			Form 6500-SF (2011)		

Form	5500	SF.	201	1

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Part IV	Plan	Characteristics
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- 9a 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 3D
- 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	Duri	ng the plan year:				Yes	No	T^{-}	Am	ount	
а	Was 29 (there a failure to transmit to the plan any participant contributio CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ns within the time pary Correction Prog	eriod described in	10a		х				
b	Wer	e there any nonexempt transactions with any party-in-interest? (ne 10a.)	(Do not include tran	sactions reported	10b		х				
C		s the plan covered by a fidelity bond?			10c	Х				1	5,000
d	Did 1	he plan have a loss, whether or not reimbursed by the plan's fid shonesty?	lelity bond, that was	caused by fraud	10d		x		<u></u>		.5,000
e	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.)										
f		the plan failed to provide any benefit when due under the plan?			10f		Х			 -	
g		he plan have any participant loans? (If "Yes," enter amount as o				_	x			_	_
h	If this	s is an individual account plan, was there a blackout period? (Se .101-3.)	ee instructions and :	29 CFR	10g 10h		x				
i	If 10	n was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	10ii					_	
Part '	VI	Pension Funding Compliance									
11	ls this 5500	s a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see in:	structions and comp	plete :	Sched	ule Si	B (Form	Г	Yes	 ∏ No
12	Is thi	s a defined contribution plan subject to the minimum funding re-	quirements of section	on 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Ye	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)						_		_
	grant	aiver of the minimum funding standard for a prior year is being aing the waiver.		Mont	tions, h	and e	nter ti Day	he date	of the le	etter ruli ar	ing
		empleted line 12a, complete lines 3, 9, and 10 of Schedule N		-		_		,			
		the minimum required contribution for this plan year					12b				
C	Enter	the amount contributed by the employer to the plan for this plan	n year				12c		_		
	negai	act the amount in line 12c from the amount in line 12b. Enter the ive amount)				∟	12d				
е	Will th	ne minimum funding amount reported on line 12d be met by the	funding deadline?	····				Yes	_ [] ı	No [N/A
Part \	/II	Plan Terminations and Transfers of Assets									
13a	Has a	resolution to terminate the plan been adopted in any plan year?	***************************************				\Box	Yes X	No		
		s," enter the amount of any plan assets that reverted to the emp					 -		1 -		_
b	Were	all the plan assets distributed to participants or beneficiaries, tra	ansferred to anothe	r nlan, or brought u	nder i	he co	ntrol		Г	Yes	 ⊠ No
C	lf duri	ng this plan year, any assets or liabilities were transferred from assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan	(s) to		•		, , , ,	24 140
		Name of plan(s):				130	(2) E	N(s)		13c(3)	PN(s)
	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)										
Cautic	n: A	penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	Cau	se is a	establ	lished.			
Under SB or	pena Sched	tites of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well a ue, correct, and complete.	declare that I have	examined this retur	n/ren	ort in	cludin	a if anni	icable, ny know	a Sche /ledge a	dule and
SIGN		austal (HA)	7/23/12	Mack II	M	I_{α}	7	Λ_			
HERE		gnature of plan administrator	Date	1 10112 14	liviele e	7 61	<u>-17</u>	n ple= s=	lantetat :		
eles:			Dute	Enter name of ind	ii Vidu (ai sign	ing as	<u>pian ac</u>	ımınıstr	ator	
SIGN HERE		gnature of employer/plan sponsor	Dete	E. (
	1 31	Anarmie of authopaubigu abousot	Date	Enter name of inc	<u>lividua</u>	al sign	ing as	employ	er or pl	an spoi	nsor