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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number STEVE SHOEMAKER INSURANCE, INC. RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number STEVE SHOEMAKER INSURANCE, INC 91-1879455 (EIN) 2c Sponsor's telephone number 509-735-4703 4206 W. 24TH AVE, SUITE B KENNEWICK, WA 99338 2d Business code (see instructions) 524210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1879455 STEVE SHOEMAKER INSURANCE, INC. 4206 W. 24TH AVE, SUITE B KENNEWICK, WA 99338 3c Administrator's telephone number 509-735-4703 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 535002 572748 Total plan assets..... 7a 7b Total plan liabilities..... 535002 572748 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 6623 8a(1) (1) Employers 49900 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -18777 **b** Other income (loss)..... 8b 37746 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 37746 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Charact	aristics

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

		Yes	No		Amo	unt
 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)	10a		X		Ame	uni
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
C Was the plan covered by a fidelity bond?	10c	X				45
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			
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.)	10q		X			
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		X			
rt VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes X
ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or sec					Yes X
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru granting the waiver. 	ctions,	etion 3	302 of I	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru	ctions,	and e	302 of I	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions,	and e	302 of I enter th Day	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru granting the waiver	ctions, nth of a	and e	302 of I enter th Day	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor If 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. C Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	ctions, hth of a	and e	12b 12c	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor If 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. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ctions, hth of a	and e	12b 12c	ERISA?	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	ctions,	and e	12b 12c 12d	e date c	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor If 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. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline? rt VII Plan Terminations and Transfers of Assets	of a	and e	12b 12c 12d	e date c	f the let Year	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor If 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. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline?. rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date c	f the let	Yes X ter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor If 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. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline? rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	of a	and e	12b 12c 12d Y	e date c	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	of a	and e	12b 12c 12d Y	e date c	f the let Year	Yes X ter ruling
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belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/22/2012	STEVE SHOEMAKER
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

	Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particin	oant plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m
	special extension (enter description	n)	•			
Pa	rt II Basic Plan Information—enter all requested inform	ation				
	Name of plan			1b	Three-digit	
STE	VE SHOEMAKER INSURANCE, INC. RETIREMENT PLAN				plan number	001
			·		(PN) •	
				10	Effective date of 01/01/2	
	Plan enonsor's name and address; include room or suite number (e	mplover it	f for a single-employer plan)	2h	Employer Identit	
STE	Plan sponsor's name and address; include room or suite number (e /E SHOEMAKER INSURANCE, INC.	mpioyer, n	tor a single employer planty	20	(EIN) 91-187	
				2c	Sponsor's telep	
4206	W. 24TH AVE, SUITE B				509-735	
	W. 24111 AV E, GOTTE B NEWICK WA 99338			2d	Business code (see instructions)
					524210)
	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	∍")	3b	Administrator's I	
SAM				3c	· · · · · · · · · · · · · · · · · · ·	elephone number
					509-735	
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN	
	Total number of participants at the beginning of the plan year			5a		5
b	Total number of participants at the end of the plan year			<u>56</u> 5b		5
C	Number of participants with account balances as of the end of the			<u> </u>		
	complete this item).			5c		5
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		·····	X Yes No
b	Are you claiming a waiver of the annual examination and report of					X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F.					₩ 1c3 10
Pa	rt III Financial Information	<u> </u>		,,,,		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	. 7a	535002		(,,	572748
b	Total plan liabilities				**************************************	
С	Net plan assets (subtract line 7b from line 7a)	7c	535002			572748
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	 Total
а	Contributions received or receivable from:					
	(1) Employers	8a(1)	6623	_		
	(2) Participants	8a(2)	49900			
				1157218		
	(3) Others (including rollovers)		0			
b	(3) Others (including rollovers)	8a(3) 8b	0 -18777			
c	Other income (loss)	8a(3) 8b				37746
	(3) Others (including rollovers)	8a(3) 8b 8c				37746
c	(3) Others (including rollovers)	8a(3) 8b 8c 8d	-18777			37746
c d	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e	-18777 0			37746
c d	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f	-18777 0 0			37748
c d e	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f 8g	-18777 0 0			37746
e f g	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f 8g	-18777 0 0			

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The Country of the Country of the	P. 7	Characteristics	
Partiv	Plan	. naracteristics	

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 2J 2G 3D **b** If the plan provides welfare benefits, enter the

Part	V Compliance Questions									
10	During the plan year:		<u></u>	Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Com		n 10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not on line 10a.)		10b		Х					
, с	Was the plan covered by a fidelity bond?	10c	X					450	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor dishonesty?		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the bene instructions.)	efits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	end.)	10g		Х	<u> </u>			***********	
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3		10i		Х					
Part	VI Pension Funding Compliance		-							
11	Is this a defined benefit plan subject to minimum funding requirements? (If " 5500))							Yes	X	No
	Is this a defined contribution plan subject to the minimum funding requirement (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 amortize granting the waiver	ed in this plan year, see inst	ructions onth	, and e	enter th	ne date of th			ling	No -
_	Enter the minimum required contribution for this plan year	•		. [12b	1				
		•			12c	<u> </u>			*****	
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the le	ft of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?				Yes] N	10	N	I/A
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					res X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		I3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?							Yes	X	No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identif	the pla	n(s) to						
1	3c(1) Name of plan(s):			13	c(2) E	IN(s)		13c(3) PN	(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will b	e assessed unless reason	able car	use is	estab	lished.				
	r penalties of perjury and other penalties set forth in the instructions, I declare Schedule MB completed and signed by an enrolled actuary, as well as the e									
SB o	, it is true, correct, and complete.									
SB o	i, it is true, correct, and complete.		EMAKE	R						
SB o	i, it is true, correct, and complete. **Stay** Sharmain** & Fa				ning a	s plan admi	nistra	ator		
SB of belief	it is true, correct, and complete. Luy Justmalin E Signature of plan administrator Date	STEVE SHO			ning a	s plan admi	nistra	ator		