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

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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OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

Р	ension E	Benefit Guaranty Corporation	► Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection		
Pa	Part I Annual Report Identification Information								
For	calend	dar plan year 2011 or fisca		1	and ending 1	2/31/2	011		
A	A This return/report is for:								
	This return/report is: the first return/report the final return/report								
_	an amended return/report a short plan year return/report (less than 12 n								
_	. .					5111113 <i>)</i> [
C	Check	box if filing under:	Form 5558		extension	L	DFVC program		
_			special extension (enter description	,					
Pa	art II	Basic Plan Inforn	nation—enter all requested information	ation					
		e of plan	0.40414				Three-digit plan number		
ASSC	JCIAT	ED AGENCY GROUP, LL	C 401K				(PN) • 001		
						_	Effective date of plan		
							07/01/2000		
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number		
ASS	OCIAT	ËD AGENCY GROUP, LI	_C				(EIN) 91-1661251		
						2c	Sponsor's telephone number		
418 1	N KELI	LOGG STE B					509-783-5435		
KENI	NEWIC	CK, WA 99336				2d	Business code (see instructions)		
				. "0	m.	21-	524210		
		administrator's name and ED AGENCY GROUP, LL	address (if same as plan sponsor, er 418 N KELLO			3D /	Administrator's EIN 91-1661251		
,,,,,,	017 (11	LD MOLNOT ONOOT, LL	KENNEWICK			3c Administrator's telephone numb			
							509-783-5435		
4			lan sponsor has changed since the l	ast return/	report filed for this plan, enter the	4b	EIN		
_		•	er from the last return/report.			40	DNI		
	•	sor's name	the beginning of the plan year			4c			
			the beginning of the plan year			5a	43		
b			the end of the plan year			5b			
С			count balances as of the end of the p	• (•	5c			
62		,	uring the plan year invested in eligib				X Yes □ No		
b		•	e annual examination and report of		•				
	,	3	See instructions on waiver eligibility a			,	X Yes No		
			er 6a or 6b, the plan cannot use Fe	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III	Financial Informa	ation			1			
7	Plan	Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total	plan assets		. 7a	177267		50710		
b	Total	plan liabilities		. 7b					
<u>C</u>	Net p	lan assets (subtract line 7	b from line 7a)	. 7c	177267		50710		
8		ne, Expenses, and Transf			(a) Amount		(b) Total		
а		ributions received or recei		0-(4)					
	• •	• •		8a(1)	2408	_			
	` '	·		8a(2)	2400				
	` '	` ,		8a(3)	2750				
b				8b	-3758		1250		
C			8a(2), 8a(3), and 8b)	8c			-1350		
d		, ,	ollovers and insurance premiums	. 8d	125207				
е	Certa	nin deemed and/or correct	ive distributions (see instructions)	8e					
f	Admi	nistrative service provider	s (salaries, fees, commissions)	. 8f					
g									
h		·	Be, 8f, and 8g)				125207		
i			8h from line 8c)				-126557		
j		` , `	e instructions)						
				- V)	<u> </u>				

Form	5500	SF	201

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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 2G 2J 2K 3D
- 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?	10c	X				5000			
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		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								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No			
	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 (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 instructions, and enter the date of the letter ruling granting the waiver									
lf :	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 negative amount)		[12d						
е	Will the minimum funding amount reported on line 12d be met by the funding 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?			Y	'es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
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.)										
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.					
SB o	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.	10/04/2012	REBECCA RAMSEY
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

Part I Annual Report Identification Information					
For calendar plan year 2011 or fiscal plan year beginning	01/01/2	011	and ending		12/31/2011
A This return/report is for:	a multiple-	emplover pl	an (not multiemployer)	a one-participant plan
B This return/report is:	the final ret		(,	a one participant plan
an amended return/report			r/report (less than 12 i	nonthe)	
C Check box if filing under: X Form 5558	automatic e		andport (1000 than 12)	nontina)	DFVC program
special extension (enter descrip		Atension			☐ brvc program
Part II Basic Plan Information—enter all requested infor		WWW			
1a Name of plan	mation	***************************************		1h	Three-digit
ASSOCIATED AGENCY GROUP, LLC 401K				110	plan number
					(PN) ▶ 001
				1c	Effective date of plan 07/01/2000
2a Plan sponsor's name and address; include room or suite number	(employer, if fo	or a single-	employer plan)	2b	Employer Identification Number
ASSOCIATED AGENCY GROUP, LLC					(EIN) 91-1661251
418 N KELLOGG STE B				2c	Sponsor's telephone number
120 WINDLOOD SIE D					509-783-5435
KENNEWICK WA 99336					Business code (see instructions)
	ontar "Como")			-	524210
3a Plan administrator's name and address (if same as plan sponsor, ASSOCIATED AGENCY GROUP, LLC	enter Same)			30	Administrator's EIN 91-1661251
418 N KELLOGG STE B				3с	Administrator's telephone number
KENNEWICK WA 99336 4 If the name and/or EIN of the plan sponsor has changed since the	111	151.15	27.		509-783-5435
name, EIN, and the plan number from the last return/report.	last retum/rep	ort filed for	this plan, enter the	4b	EIN
a Sponsor's name				4c	PN
5a Total number of participants at the beginning of the plan year				5a	43
b Total number of participants at the end of the plan year	••••••			5b	9
C Number of participants with account balances as of the end of the	plan year (def	ined benefi	it plans do not		
complete this item)	******************	***************************************	***************************************	5c	9
6a Were all of the plan's assets during the plan year invested in eligib	ble assets? (S	ee instructi	ons.)	••••	X Yes No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independe	nt qualified s.)	public accountant (IC	PA)	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.	
Part III Financial Information				,	
7 Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year
a Total plan assets			1772	57	50710
b Total plan liabilities		***************************************			
C Net plan assets (subtract line 7b from line 7a)	7c		1772	57	50710
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a Contributions received or receivable from: (1) Employers	20/41				
(2) Participants			24/	20	
(3) Others (including rollovers)			240	8	
b Other income (loss)	8a(3)		2.7.1		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-375	8	
d Benefits paid (including direct rollovers and insurance premiums					-1350
to provide benefits)			12520	7	
e Certain deemed and/or corrective distributions (see instructions)	. 8e				
f Administrative service providers (salaries, fees, commissions)	. 8f				
g Other expenses					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				125207
Net income (loss) (subtract line 8h from line 8c)	. 8i				-126557
Transfers to (from) the plan (see instructions)	8j				
or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Form 5500-SF.	× 11111411 - 111141 - 111141			Form 5500-SF (2011)

	Form 5500-SF 2011 Page 2 -		*******						
Pai	t IV Plan Characteristics	***************************************		***************************************	-				
9a									
b									
Par	t V Compliance Questions								
10	During the plan year:		Yes	No	1	Amount			
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	Х			5000			
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		х	•••••••••••				
е		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					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
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	101							
Part			***************************************		****				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB	(Form	m			
	5500))					Yes No			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 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 amortized in this plan year, see instructions the waiver. Mon	ctions,	and e	nter th	e date of the	e letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy,	***************************************				
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 negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding 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?			Y	es X No	×			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	F	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				2004	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.)								
1	13c(1) Name of plan(s):				N(s)	13c(3) PN(s)			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	e cau	se is	establi	shed.	<u> </u>			
Unde SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true coprect, and complete.	ırn/rep	ort, in	cluding	g, if applicab				

Date

Date

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Rebecca Ramsey

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor



Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services</u>, <u>Inc.</u> to electronically sign and file the 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> <u>Benefit Services, Inc.</u>

Plan Name: Ee Associated Agency (10 up, LLC 401K Signature: Melbecca Mambey Dated: 10-3-2012 Plan Trustee