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

P	Pension Benefit Guaranty Corporation Complete all entries in action	cordance wit	h the instructions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01	/2012	and ending 0	7/31/2	2012	
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-partici	pant plan
	This return/report is: the first return/report	the final i	return/report			
_	an amended return/report	H	an year return/report (less than 12 mo	onths)		
_	H	H	•	3111110)	DFVC progra	am.
C		ш	c extension		☐ DEVC progra	1111
_	special extension (enter desc	' '				
Pa	art II Basic Plan Information—enter all requested in	formation				T
	Name of plan			1b	Three-digit	
ASS	OCIATED AGENCY GROUP, LLC				plan number (PN) ▶	001
				10	Effective date o	
				10	07/01	•
2a	Plan sponsor's name and address; include room or suite numb	er (employer i	f for a single-employer plan)	2h	Employer Identi	
	OCIATED AGENCY GROUP, LLC	or (omployor, r	rior a single employer plany	20		61251
				2c	Sponsor's telep	hone number
418 N	N KELLOGG, STE B				509-78	
	NEWICK, WA 99336			2d	Business code ((see instructions)
					5242	10
3a	Plan administrator's name and address (if same as plan sponsor			3b	Administrator's	
ASSC		ELLOGG, STE VICK, WA 993:				661251
	KEIVINEV	viole, vva 550		3c	Administrator's 509-78	telephone number
4	If the name and/or EIN of the plan sponsor has changed since	the last return	report filed for this plan, enter the	4b		3 0400
7	name, EIN, and the plan number from the last return/report.	ine iasi retum	report filed for this plant, enter the	40	EIIN	
а	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		(
С	Number of participants with account balances as of the end of			0.0		
	complete this item)		•	5c		(
6a	Were all of the plan's assets during the plan year invested in e	ligible assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report	t of an indepe	ndent qualified public accountant (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligib					X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot us art III Financial Information	se Form 5500-	SF and must instead use Form 550	00.		
			1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets		30710			
b	Total plan liabilities		50740			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	50710			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	<u> Fotal</u>
а	Contributions received or receivable from:	0-(4)				
	(1) Employers					
	(2) Participants	` ` `				
	(3) Others (including rollovers)		101			
b	Other income (loss)		184			101
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					184
d	Benefits paid (including direct rollovers and insurance premium		50294			
^	to provide benefits)					
e	Certain deemed and/or corrective distributions (see instruction	· _	600			
f	Administrative service providers (salaries, fees, commissions).		000			
g	Other expenses					50004
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					50894
i	Net income (loss) (subtract line 8h from line 8c)					-50710
j	Transfers to (from) the plan (see instructions)	8i				

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Part IV	Plan Characteristics
raii iv	L FIAN GNAIAGRENSIUS

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

art	rt V Compliance Questions							
0			Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transaction line 10a.)	•		X				
С	C Was the plan covered by a fidelity bond?	10c	X					5000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cau or dishonesty?			X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance service or other organization that provides some or all of the benefits under the pl instructions.)	an? (See		X				
f	f Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 C 2520.101-3.)		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3		X					
art	rt VI Pension Funding Compliance							
11						 Г	Yes	No
lf y	(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 ye granting the waiver. fyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sl	Month kip to line 13.					etter rul ar	
	Enter the minimum required contribution for this plan year		-	12c				
	 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 (enter a minus a negative amount) 	sign to the left of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
	rt VII Plan Terminations and Transfers of Assets						<u> </u>	_
	A Has a resolution to terminate the plan been adopted in any plan year?			X	'es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?			ontrol		X	Yes	☐ No
С		ın(s), identify the pla	ın(s) to)		_	1	
1	13c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ution: A penalty for the late or incomplete filing of this return/report will be assessed unlo	ess reasonable ca	use is	establ	ished.			
Jnde	der penalties of perjury and other penalties set forth in the instructions, I declare that I have exa	mined this return/re	port, ir	ncludin	g, if appli	cable,	a Sche	edule

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.	10/29/2012	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

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 Informat		the manuacions to the Form 5	300-31	
Fo	r calendar plan year 2011 or fiscal plan year beginning	01/01/2	2012 and ending		07/31/2012
Α	This return/report is for:	a multiple	-employer plan (not multiemploye	r)	a one-participant plan
В	This return/report is: the first return/report	X the final re	eturn/report		boost
	an amended return/report	t X a short pla	n year return/report (less than 12	months)
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter of	description)			
P	art II Basic Plan Information—enter all requeste				
	Name of plan	***************************************		1b	Three-digit
A	ssociated Agency Group, Llc				plan number
				1-	(FIN) F
				10	Effective date of plan 07/01/2000
2a	Plan sponsor's name and address; include room or suite nuscociated Agency Group, Llc	ımber (employer, if	for a single-employer plan)	2b	Employer Identification Number
A	sociated Agency Gloup, Lie				(EIN) 91-1661251
4]	.8 N Kellogg, Ste B			2c	Sponsor's telephone number
				24	509-783-5435 Business code (see instructions)
K∈	ennewick WA 9933	6		z.u	524210
3a	Plan administrator's name and address (if same as plan spo sociated Agency Group, Llc	onsor, enter "Same"	")	3b	Administrator's EIN
	.8 N Kellogg, Ste B			3c	91-1661251 Administrator's telephone number
Ke	ennewick WA 99336				509 - 783 - 5435
4	If the name and/or EIN of the plan sponsor has changed sin name, EIN, and the plan number from the last return/report	nce the last return/re	eport 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 ye	ar	•••••	. 5a	43
b	Total number of participants at the end of the plan year			. 5b	0
С	Number of participants with account balances as of the end complete this item)	of the plan year (d	efined benefit plans do not	5c	0
6a	Were all of the plan's assets during the plan year invested	in eligible assets? (See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and re	port of an independ	dent qualified public accountant (I	QPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver el If you answered "No" to either 6a or 6b, the plan canno	igibility and condition	SF and must instead use Form 5	500	X Yes No
Pa	rt III Financial Information		and made motetad about office	.500.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	7a	507	10	0
b	Total plan liabilities	7b			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	507	10	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)		1	84	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				184
d	Benefits paid (including direct rollovers and insurance premit o provide benefits)	iums 8d	502	94	
е	Certain deemed and/or corrective distributions (see instructi				
f	Administrative service providers (salaries, fees, commission		6	00	
g	Other expenses	-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				50894
i	Net income (loss) (subtract line 8h from line 8c)	8i			-50710
j	Transfers to (from) the plan (see instructions)	***************************************			
ForP	aperwork Reduction Act Notice and OMB Control Numbers, see the instruc-				Form 5500-SF (2011)

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Signature of employer/plan sponsor

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Page	1	-

Pai	t IV Plan Characteristics	***************************************	***************************************	************					
9a	If the plan provides pension benefits, enter the applicable pension fe	eature codes from the	ne List of Plan Cha	racteris	tic Co	des in	the instruc	tions:	
	2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea								
Par	V Compliance Questions			*******************				***************************************	CP / POPPEN TO STATE OF THE STA
10	During the plan year:	***************************************		I	Yes	No	T	A	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Prod	aram)	10a	100	Х		Amount	
b		(Do not include tran	eartione reported	10b		Х		····	
С	Was the plan covered by a fidelity bond?			10c	Х				500
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	felity bond, that was	caused by fraud	10d		X		***************************************	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	persons by an insu	rance carrier,	10a		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 o			10g		Х		***	
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and	29 CFR	10h	х				
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 o	ne of the	10i	Х			**************************************	
Part				1.01					
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see in	structions and com	plete S	chedu	ıle SB	(Form	☐ Yes	П №
12	Is this a defined contribution plan subject to the minimum funding rec	guirements of section	on 412 of the Code	or sec	tion 3	02 of E	DICAS	T Yes	-
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)							ш
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this pla	Moni	ctions, a	and er	nter the	e date of th	e letter ru Year	uling
ii y	od completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), ar	d skip to line 13.						***************************************
	Enter the minimum required contribution for this plan year					12b			
C C	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 negative amount)	•••••				12d			***************************************
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?.		*********		<u> L</u>	Yes	No	N/A
Part \	1	***************************************							
	Has a resolution to terminate the plan been adopted in any plan year?				[X Ye	es No		
	If "Yes," enter the amount of any plan assets that reverted to the empl								(
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					trol		X Yes	No
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plan(s) to				
13	c(1) Name of plan(s):				13c(2) EIN	l(s)	13c(3)) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report	will he assessed	unlass reasonable				. t J		
Under SB or S	penalties of perjury and other penalties set forth in the instructions, I c Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have	examined this return	nlrana	et in al		10	e, a Sch owledge	edule and
SIGN	Messea Minnsey	10/29/2012	Rebecca Ram	sey		***************************************			
HERE	Signature of plan administrator	Date	Enter name of inc	dividual	signir	ng as i	olan admini	strator	
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of inc	lluidual	olonie				

Date

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, 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> Benefit Services, Inc.

Plan Name: ASSOCIATED Agency (1010p, L1C

Signature: Managery Dated: 10-29-12

Plan Trustee



Professional Benefit Services. Inc. Affordable administration of employer benefit plans

[NOTE TO USER:

- A copy of this authorization must be kept in your records (but is not included in the filing).
- You must agree to communicate any inquiries and information received from EFAST2, DOL,
 IRS or PBGC regarding the return/report upon electronically signing the filing.
- To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2
 website and a signed copy of the 5500 form should be attached to the electronic filing as an
 "other attachment".]