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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in acco	ordance with the inst	ructions to the Form 5500	O-SF.			
Part I	Annual Report	Identification Information						
For calend	ar plan year 2012 or f	iscal plan year beginning 01/01/20)12	and ending 1	2/31/2012			
	turn/report is for:	a single-employer plan	=	plan (not multiemployer)	а	one-particip	ant plan	
B This ref	turn/report is:	the first return/report	the final return/repo	rt				
		onths)						
C Check	OFVC progra	m						
		special extension (enter descrip	tion)					
Part II	Basic Plan Info	ormation—enter all requested infor	mation					
1a Name	1				1b Thre	ee-digit		
	NCH INSURANCE IN	IC P.S. PLAN			plar	n number		
					(PN	l) •	001	
					1c Effe	ective date of		
						01/01/	1976	
	ponsor's name and ac RENCH INSURANCE	ddress; include room or suite number i, INC	(employer, if for a sing	le-employer plan)	2b Emp (EIN		cation Number 85980	
					2c Spc	none number		
4206 WEST	24TH AVE STE A103	3			509-586-9128			
KENNEWIC	K, WA 99338				2d Bus	iness code (s	see instructions)	
		and address Same as Plan Sponsor	<u> </u>	lan Sponsor Address	3b Adn	ninistrator's E		
AMES N FRI	ENCH INSURANCE, I	INC 4206 WEST KENNEWICH	24TH AVE STE A103		3c Adn			
		KENNEWIO	τ, νντ σσσσσ		3c Administrator's telephone numb 509-586-9128			
4 If the r	name and/or EIN of th	e plan sponsor has changed since the	e last return/report filed	I for this plan, enter the	4b EIN			
		imber from the last return/report.						
	or's name				4c PN			
5a Total	number of participants	s at the beginning of the plan year			5a		7	
b Total	number of participants	s at the end of the plan year			5b		7	
		account balances as of the end of the		•	5c		6	
		ts during the plan year invested in elig					X Yes No	
		of the annual examination and report of						
		6? (See instructions on waiver eligibilit					X Yes No	
If you	ı answered "No" to e	either line 6a or line 6b, the plan car	not use Form 5500-S	F and must instead use	Form 550	0.		
Caution: A	A penalty for the late	or incomplete filing of this return/r	eport will be assesse	d unless reasonable cau	se is esta	blished.		
		ther penalties set forth in the instruction						
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as	well as the electronic v	rersion of this return/report	, and to the	e best of my	knowledge and	
Deliei, it is	tide, correct, and com	ipiete.						
SIGN	Filed with authorized	I/valid electronic signature.	04/11/2013	MARK EDISON				
HERE	Signature of plan a	administrator	Date	Enter name of individu	ıal signing	as plan adm	inistrator	
SIGN								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ıal signing	as employe	or plan sponsor	
Preparer's		name, if applicable) and address; incli					number (optional)	
	. 5	, , , , , , , , , , , , , , , , , , , ,		, , ,	•		. ,	

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		-					
Par			(a) Danimin mat Van				(h) Fud of Voor	
	Plan Assets and Liabilities	7-	(a) Beginning of Yea			(b) End of Year		
	Total plan assets Total plan liabilities	7a 7b	14527	0			164369	
	Net plan assets (subtract line 7b from line 7a)	76 7c	14527	7 8		164369		
	Income, Expenses, and Transfers for this Plan Year	70		70				
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	1371	5				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1297	' 3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					26688	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	759	17				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7597	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					19091	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:	
Part	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X		
c	Was the plan covered by a fidelity bond?			10c	X		25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· ·	10d		X	23000	
e	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,	100				
	insurance service or other organization that provides some or all cinstructions.)			10e		Χ		
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as					X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii				
Part		1-0		101				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2012 Page 3 - 1			
	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 of a 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?		Yes X 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, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruct	ions to the Form 5500)-SF.				
Part I		Identification Information				/01/001			
For calenda	ar plan year 2012 or fi	iscal plan year beginning	01/01/2012	and ending	12	2/31/201:	2		
A This retu	urn/report is for:	in (not multiemployer)	Ц	a one-partici	pant plan				
B This retu	urn/report is:								
		an amended return/report	a short plan year return/	report (less than 12 mo	_				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested inf	formation						
1a Name	of plan					ree-digit			
JAMES I	FRENCH INSURA	ANCE INC P.S. PLAN				an number	001		
					1c Effective date of plan				
					01/01/1976				
2a Plan cr	noncor's name and a	ddress; include room or suite numb	er (employer if for a single-e	employer plan)	2b En	nplover Ident	ification Number		
	N FRENCH INSU		or (omproyer, mass as assigned	, ,		IN) 91-088			
				:	2c Sponsor's telephone number				
4206 WI	EST 24TH AVE	STE A103			50	09-586-9	128		
					l		(see instructions)		
KENNEW		WA 99338				24210			
3a Plan a	dministrator's name a	and address Same as Plan Spons	sor Name Same as Plan	Sponsor Address		3b Administrator's EIN 91 - 0885980			
JAMES 1	N FRENCH INSU	JRANCE, INC					telephone number		
					509-586-9128				
4206 WI	EST 24TH AVE	STE A103							
					i				
KENNEW:		WA 99338							
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 E	IN			
		umber from the last return/report.			4c PI	NI			
	or's name						7		
		s at the beginning of the plan year.			5a		7		
		s at the end of the plan year			5b				
C Numb	er of participants with lete this item)	account balances as of the end of	the plan year (defined benef	fit plans do not	5c_		6		
6a Were	all of the plan's asse	ts during the plan year invested in	eligible assets? (See instruct	ions.)			X Yes No		
h Arov	ou claiming a waiver (of the annual examination and repo	rt of an independent qualified	d public accountant (IQ	PA)		X Yes No		
under	29 CFR 2520.104-46	6? (See instructions on waiver eligit	oility and conditions.)			:	M 100 [] 110		
if you	answered "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-5F	and must mstead use	roini oc	toblished			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed u	inless reasonable cat	nort incl	iding if appli	cable a Schedule		
Under pena	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have on the sections of the control of th	sion of this return/repor	t, and to	the best of m	y knowledge and		
belief, it is	true, correct, and con	nplete.		•					
	200	2 52	04/10/2013	Mark Edison					
SIGN	Y Jark	H. Chism	04/10/2013		Enter name of individual signing as plan administrator				
HERE	Signature of plan	administrator	Date 4/10/13	Enter name of individ	ual signii	ng as plan ac	iministrator		
SIGN									
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	lual signi	ng as employ	er or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address; i	nclude room or suite number	r (optional)	Prepar	er's telephon	e number (optional)		
1									

Part	III Financial Information							
7 F	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
	otal plan assets	7a	14	527	8		164369	
b 1	otal plan liabilities	7b						
C N	Net plan assets (subtract line 7b from line 7a)	7c	14	527	8		164369	
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total	
	Contributions received or receivable from:	0=/4\			1			
	1) Employers	8a(1)	1	371	5			
	2) Participants	8a(2)	_		1			
	3) Others (including rollovers)	8a(3) 8b		L297	3			
	Other income (loss)	8c			+		26688	
	Benefits paid (including direct rollovers and insurance premiums	00			_			
	o provide benefits)	8d		759	7			
e (Certain deemed and/or corrective distributions (see instructions)	8e						
f_/	Administrative service providers (salaries, fees, commissions)	8f						
g (Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7597	
	Net income (loss) (subtract line 8h from line 8c)	8i_			-		19091	
_ j ·	Fransfers to (from) the plan (see instructions)	8j			<u> </u>		<u></u>	
Part								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	ecteris	itic Co	des in	the instructions:	
_	2E 2G 2J 2K 3D 2F If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	terist	ic Cod	les in t	he instructions:	
b	If the plan provides werrare benefits, enter the applicable werrare to	satare coa						
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all	ner person	s by an insurance carrier,			v		
				10e		X		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f	l	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				
Port								
Part 11	Is this a defined benefit plan subject to minimum funding requiren	nents? (If "	Yes," see instructions and com	plete	Sche	dule SI	B (Form	
	5500) and line 11a below)		······		1	11a	Yes No	
	11a Enter the amount from Schedule SB life 39							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the code of certain certain funding requirements of section 412 of the code of certain certain certain funding requirements of section 412 of the code of certain							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is bei	r, as applic ing amortiz	ed in this plan vear, see instru	ctions	, and	enter t	he date of the letter ruling	
	granting the waiver.		IVIOI	IUI		Day	Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.			425	1	
b	Enter the minimum required contribution for this plan year			<u></u>	···:	12b		

	Form 5500-SF 2012	Page 3 -	_		
	Enter the amount contributed by the employer to the pla	n for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	12b. Enter the result (enter a minus sign to the left of a	12d		
е		pe met by the funding deadline?		Yes	No N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any p	plan year?		res X No	
***	If "Yes," enter the amount of any plan assets that reverte	ed to the employer this year	13a		
b		neficiaries, transferred to another plan, or brought under the			Yes X No
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct	nsferred from this plan to another plan(s), identify the plan tions.)	(s) to		
-	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
	The state of the s				
Part	VIII Trust Information (optional)	-			
ъ	Name of trust		14b ⊺	rust's EIN	