	FOrm 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2011			
Er	Department of Labor nployee Benefits Security Administration	SA), and sections 6057(b) and 6058 Code (the Code).	This Form is Open to Public						
P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
-		entification Information							
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011			
Α .	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan		
B	This return/report is:	the first return/report	the final re	eturn/report					
		an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	1			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m		
		special extension (enter descriptio	n)						
Pa	rt II Basic Plan Inform	nation—enter all requested informa	ation						
	Name of plan				1b	Three-digit			
PACI	FIC WEST INVESTMENT SER	VICES, INC. RETIREMENT PLAN				plan number (PN) ▶	001		
					1c	Effective date of			
						01/01	•		
	Plan sponsor's name and addre	ess; include room or suite number (er VICES, INC.	mployer, if	for a single-employer plan)	2b	Employer Identit (EIN) 91-10			
401 (DLYMPIA AVE NE #306				2c	Sponsor's telep 425-27			
	FON, WA 98056				2d	Business code (52390			
3a PACI	Plan administrator's name and FIC WEST INVESTMENT SERV	address (if same as plan sponsor, er /ICES, INC. 401 OLYMPIA	AVE NE		3b	Administrator's I 91-10			
		RENTON, WA	A 98056		3c	Administrator's t 425-27	elephone number I-3550		
4		lan sponsor has changed since the la	ast return/i	eport filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN			
		the beginning of the plan year			5a		61		
-		the end of the plan year			5b	56			
c		count balances as of the end of the p			55				
			• •		5c		53		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes 🗌 No			
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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.									
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End			
а	Total plan assets		7a	1321829			1312936		
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7	'b from line 7a)	7c	1321829			1312936		
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal		
а	Contributions received or recei	vable from:	8a(1)	0					
			8a(2)	132773					
	., .)	8a(3)	1707					
b			8b	-88798					
С		8a(2), 8a(3), and 8b)	8c				45682		
d	Benefits paid (including direct i	rollovers and insurance premiums	8d	54575					
е	• •	ive distributions (see instructions)	8e						
f		s (salaries, fees, commissions)	8f						
g			8g						
h	•	3e, 8f, and 8g)	8h				54575		
i		e 8h from line 8c)	8i				-8893		
j	Transfers to (from) the plan (se	ee instructions)	8j						
-									

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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 2F 2J 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	V Compliance Questions							
10	During the plan year:		Yes	No		Amou	nt	
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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?	10c	Х				1	50000
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	 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.) 				7578			
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	Х					18599
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 complete Schedule SB (Form 5500))								
(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. Month Day Year Year 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 of a								
•	negative amount)				Yes	No		N/A
Part	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets				103			
	Has a resolution to terminate the plan been adopted in any plan year?				res X N	lo		
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No	
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.)								
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s)					ic(3) i	PN(s)		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
		,					~ .	

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.	07/24/2012	JEFFREY SIMS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/24/2012	JEFFREY SIMS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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	i	• •	· • • • • • • • • • • • • • • • • • • •							
Transfers to (from) the plan (see instructions)	i		-	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2011

Page 2-

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 2F 2J 3D

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

Par	tV Compliance Questions						
10	During the plan year:	·	Yes	No		Amount	
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.)	10Ь		x			
с	Was the plan covered by a fidelity bond?	10c	x				150,000
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			<u></u>
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e -	x				7,578
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	x				18,599
h				x			
ì	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					
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))					Yes	X No
12							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	s, and th	enter	the da Day	te of the let	er ruling Year	
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		. L	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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	•	• •		Yes	No	□N/A
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?		• _•	• •	<u>· · ·</u>	. 🗌 Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•	•••	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	• •				. 🗌 Yes	X.No
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	in(s) t	0				<u>,</u>
1	3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3	PN(s)
······································							
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause	se is	estab	lished	•		
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, it is true porred, and complete.	ort, in	cludin	g, if ap	plicable, a :	Schedule Ige and	

SIGN A	7-24-12	Jeffrey Sims
HERE Signatury of plan, administrato	Date	Enter name of individual signing as plan administrator
SIGN Philipping	7-24-12	
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor