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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/	2012			
A This ret	turn/report is for:	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This ret	turn/report is: the first return/report th	e final return/report						
	an amended return/report a s	short plan year returr	n/report (less than 12 m	onths)			
C Check I	box if filing under: Form 5558	utomatic extension			DFVC progra	ım		
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	nn .						
1a Name	· · · · · · · · · · · · · · · · · · ·	лі		1h	Three-digit			
	EST FINANCIAL CONSULTANTS, INC. RETIREMENT PLAN			'~	plan number			
	,				(PN) ▶	001		
				1c	Effective date of	f plan		
				ļ	01/01/	/1998		
	ponsor's name and address; include room or suite number (emp EST FINANCIAL CONSULTANTS, INC.	loyer, if for a single-	employer plan)	2b	Employer Identif			
				20	(=114)			
DO DOV 044	40			2C	Sponsor's telep			
PO BOX 21' RENTON, W				24	Business code (see instructions)			
					52390			
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's l	EIN		
		Ш	,					
				3с	Administrator's t	elephone number		
4 If the r	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	ur this plan, enter the	4h	EIN 91-10	05.474		
	EIN, and the plan number from the last return/report.	. return/report med to	i tilis pian, enter the	40	EIN 91-10	95471		
a Spons	or's namePACIFIC WEST INVESTMENT SERVICES, INC.			4c	PN	001		
5a Total	number of participants at the beginning of the plan year			5a		56		
b Total i	number of participants at the end of the plan year			5b		28		
C Numb	er of participants with account balances as of the end of the plan	n year (defined bene	fit plans do not					
	lete this item)			5c		26		
	all of the plan's assets during the plan year invested in eligible a					X Yes No		
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No		
	answered "No" to either line 6a or line 6b, the plan cannot					<u> </u>		
	A penalty for the late or incomplete filing of this return/repor							
	alties of perjury and other penalties set forth in the instructions, I					able, a Schedule		
SB or Sche	edule MB completed and signed by an enrolled actuary, as well a				O, 11	,		
belief, it is	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	04/26/2013	JEFFREY SIMS					
HERE	Signature of plan administrator	Date	Enter name of individ	lual si	gning as plan adn	ninistrator		
SIGN	Filed with authorized/valid electronic signature.	04/26/2013	JEFFREY SIMS					
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	r or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite number	r (optional)			number (optional)		

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Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
	Total plan assets	7a	131293				()		06200	3	_
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	131293	36				10	06200	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total			
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	7198	31							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	17606	66							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	248047	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	48681	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1216	64							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							49898	0	
	Net income (loss) (subtract line 8h from line 8c)	8i						-	25093	3	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
Don	V Commission of Oscartions										
Part	•				V	NI.	I				
10	During the plan year:	da a a a a dual	andra Caramania di danamina di Sa	ı	Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					1500	100
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40-	X						
	instructions.)			10e		V				80)07
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X						0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i							
Part	VI Pension Funding Compliance										
11											
11a						11a		<u> </u>	<u> </u>	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction		ERISA?		Yes	ΧI	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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	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?	\ \ \ \	res 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?			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.)			_
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust FIC WEST FINANCIAL CONSULTANTS,		rust's EIN 12099718	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		enerit Guaranty Corporation	► Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.				
Pa	art I	Annual Report I	dentification Information							
For o	calenda	ar plan year 2012 or fisc	al plan year beginning	01/01/2012	and ending	12/31/2	012			
			x a single-employer plan		olan (not multiemployer)	a one	-participant plan			
ВТ	his ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C	Check I	oox if filing under:	Form 5558	automatic extension		DFVC	program			
		-	special extension (enter descripti	on)		_				
Pa	rt II	Rasic Plan Infor	mation enter all requested info	rmation						
		of plan	mation — enter all requested line	Jillation		1b Three-di	iait			
		·				plan nur	nber			
	Pacı	fic West Financ	ial Consultants, Inc. Re	tirement Plan		(PN) ►	001			
						1C Effective 01/01/	e date of plan			
	Plan	enoneor's name and add	ress; include room or suite number (employer if for a single	-employer plan)	1				
_ u	Paci	fic West Financ	ial Consultants, Inc.	cripioyer, il for a sirigic	ciripioyor piari)		er Identification Number 91-1178101			
						_ ` ′				
							's telephone number 271-3550			
	PO B	Sox 2110					s code (see instructions)			
TTC	RENT	ON	WA 98056			523900				
			d address X Same as Plan Spons	or Name Same as	Plan Sponsor Address	3b Administ	trator's FIN			
-	i idii c		a address Zi Same as Flan Spons		rian openeer riaaree	, tarriirile	adoro Env			
						0				
						3c Administrator's telephone number				
4	If the	name and/or FIN of the	plan sponsor has changed since the	last return/report filed	or this plan, enter the	4b EIN 91	-1095471			
•			ber from the last return/report.	last return/report filed	or triis plan, enter the	40 EIIV >=				
а	Spons	sor's name Pacific	West Investment Service	s, Inc.		4c PN 00)1			
<u></u>	Total	number of participants a	t the beginning of the plan year			5a	56			
-			t the end of the plan year			5b	28			
С	Numb	er of participants with a	ccount balances as of the end of the	plan year (defined ben	efit plans do not					
	compl	lete this item)	••••••••••••	••••••		5c	26			
6a	Were	all of the plan's assets of	luring the plan year invested in eligib	ole assets? (See instruc	tions.)	•••••	xYes No			
b	•	•	he annual examination and report of		ed public accountant (IQF	PA)				
			(See instructions on waiver eligibility		••••••		X Yes No			
	If you	answered "No" to eith	<u>ner line 6a or line 6b, the plan cann</u>	not use Form 5500-SF	and must instead use F	Form 5500.				
Ca	ution:	A penalty for the late of	or incomplete filing of this return/r	eport will be assessed	l unless reasonable cau	use is establisl	hed.			
			er penalties set forth in the instruction				• •			
		ledule MB completed and true, correct, and comp	d signed by an enrolled actuary, as	well as the electronic ve	ersion of this return/report	t, and to the bes	st of my knowledge and			
Deli	CI, IL IS	true, correct, and comp	iete.	1	T					
SI	GN 📙				Shanon Ford					
HE	ERE	Signature of plan admi	nistrator	Date	Enter name of individua	al signing as pla	n administrator			
SI	GN _									
		Signature of employer/	of employer/plan sponsor Date Enter name of individua			ual signing as employer or plan sponsor				
			ame, if applicable) and address; inclu				ephone number (optional)			
		, 	. , , , , , , , , , , , , , , , , , , ,		~ 1 ~ ~ /	,				
l										

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_								
	art III Financial Information		(a) Baninging of Vari		_		(h) F = 1 = 6	
7	Plan Assets and Liabilities	_	(a) Beginning of Year				(b) End of Year	
<u>a</u>	Total plan assets	7a	1,312,93	36	-			1,062,003
<u>b</u>	Total plan liabilities	7b	1 210 0		-			1 060 003
<u>c</u>	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	1,312,93 (a) Amount	36			(b) To	1,062,003
a	Contributions received or receivable from:		(a) Amount				(6) 10	.aı
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	71,98	31				
_	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	176,00	56				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						248,047
u	to provide benefits)	8d	486,83	L6				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	12,10	54				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						498,980
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(250,933)
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
P	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2J 3D	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instruction	s:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (Codes	in the	instructions	:
P	art V Compliance Questions							
10	During the plan year:				Yes	No	А	mount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
_ k	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х		
	Was the plan covered by a fidelity bond?	••••••	•••••••••••	10c	х			150,000
_	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	•	· ·	10d		х		
•	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	f the bene	fits under the plan? (See	10e	x			8,007
f	<u> </u>			10f		x		
_	<u> </u>							
	Did the plan have any participant loans? (If "Yes," enter amount as		<u> </u>	10g	х			0
	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)	••••••	•••••••••••••	10h		х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101		I notice or one of the	10i				
Pa	Part VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11	a Enter the amount from Schedule SB line 39					11a		
12	ls this a defined contribution plan subject to the minimum funding r	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						Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					
-	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	-				_	e date of the	letter ruling Year
I	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
k	Enter the minimum required contribution for this plan year	•••••	••••••		•••••	12b		

	Fo	m 5500-SF 2012 Page 3-				
С	Enter	he amount contributed by the employer to the plan for this plan year	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a //e amount)	12d			
е	Will th	e 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?		es X No	0	
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year	13a			
b		the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co		Yes X No		
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to assets or liabilities were transferred. (See instructions.)				
1	3c(1) N	ame of plan(s):	(2) EIN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				
14a Name of trust				14b Trust's EIN		
Pacific West Financial Consultants,			91-2099718			