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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in a	ccordance with the instri	ictions to the Form 550	0-SF.						
	art I		Identification Information	1								
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	1/2012	and ending	12/31/2	2012					
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	r) a one-participant plan						
В	This retu	urn/report is:	the first return/report	the final return/repor	t							
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_					
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m				
			special extension (enter desc	cription)								
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation								
1a	Name o	of plan				1b	Three-digit					
COU	NTRYW	IDE BROKERAGE SE	ERVICES RETIREMENT PLAN				plan number					
							(PN)	001				
						10	Effective date of 01/01/					
2a	Plan sp	oonsor's name and add	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identif					
		INSURANCE, INC. /IDE BROKERAGE SI	EDVICES		, , , ,		(EIN) 91-20					
COU	JINTERTY	TIDE BRUNERAGE SI	ERVICES			2c	Sponsor's telep					
	BOX 20						425-774					
EDIVI	IONDS,	WA 98020				2d	Business code (52421	see instructions)				
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Pla	an Sponsor Address	3b	Administrator's I					
				Ц	•							
						3c Administrator's telephone number						
4	If the n	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN										
4			mber from the last return/report.	the last return/report filed	ioi tilis piari, eriter tile	4b EIN						
а		or's name	`			4c	PN					
5a	Total n	number of participants	at the beginning of the plan year.			5a		9				
b	Total n	number of participants	at the end of the plan year			5b	5b					
С			account balances as of the end of		•	5c						
6a		,	s during the plan year invested in					X Yes No				
b			f the annual examination and repo									
			? (See instructions on waiver eligil					X Yes No				
	If you	answered "No" to ei	ither line 6a or line 6b, the plan	cannot use Form 5500-SI	F and must instead use	Form	5500.					
			or incomplete filing of this retur									
			her penalties set forth in the instru									
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, plete.	as well as the electronic ve	ersion of this return/repor	t, and t	to the best of my	knowledge and				
	,				1							
SIG		Filed with authorized/	valid electronic signature.	05/23/2013	MICHAEL P. CALOVI	CH						
HEI	KE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adn	ninistrator				
SIG												
HEI		Signature of emplo	<i>z</i>	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)							arer's telephone	number (optional)				

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Pa	rt III Financial Information												
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	'ear				
a	tal plan assets								54711	1			
	Total plan liabilities	7b											
	Net plan assets (subtract line 7b from line 7a)	7c	44183	441834					54711	1			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota					
	Contributions received or receivable from:		(u) / inio ant	(a) Amount					(b) Total				
	(1) Employers	8a(1)	2049)1									
	(2) Participants	8a(2)	5499	92									
	(3) Others (including rollovers)	8a(3)	69	98									
b	Other income (loss)	8b	4446	64									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12064	5			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1375	50									
е	Certain deemed and/or corrective distributions (see instructions)	8e	161	8									
f	Administrative service providers (salaries, fees, commissions)	8f											
g	Other expenses	8g											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1536	8			
ī	Net income (loss) (subtract line 8h from line 8c)	8i							10527				
j	Transfers to (from) the plan (see instructions)	8j											
Pai	t IV Plan Characteristics	<u> </u>	l										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:				
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions					
_													
Par	t V Compliance Questions						1						
10	During the plan year:				Yes	No		Am	ount				
a	Was there a failure to transmit to the plan any participant contribution 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							
С	Was the plan covered by a fidelity bond?			10c	X					1000	000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X							
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,										
	insurance service or other organization that provides some or all cinstructions.)			10e	X					3	308		
f	Has the plan failed to provide any benefit when due under the plan					X				0	300		
				10f									
9				10g		X							
h	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											
Part	VI Pension Funding Compliance												
11													
11a	· · · · · · · · · · · · · · · · · · ·	nter the amount from Schedule SB line 39											
12	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)												
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 d	f the l		ıling			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule												
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?		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):	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 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

2012

This Form is Open to Public Inspection

Part I		t Identification Information		67						
For calenda	r plan year 2012 or		/2012		and ending 1	2/31/:	2012			
A This retu	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
B This return/report is:										
		an amended return/report	a short plan y	/ear relum/r	eport (less than 12 mo	onths))			
C Check b	ox if filing under:	Form 5558	automatic ex	tension			DFVC progra	ım		
	Annual Control of the	special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name o						1b	Three-digit			
	7/ St/6-38	SERVICES RETIREMENT PLAN					plan number	001		
					š	1.0	(PN)			
						10	Effective date o 01/01/2			
2a Plan sp WHITECAP	onsor's name and a	address; include room or suite numb	er (employer, if fo	r a single-er	mployer plan)	2b	Employer Identi (EIN) 91-201			
COUNTRYV	VIDE BROKERAGE	SERVICES				2c	Sponsor's telep	hone number		
P.O. BOX 20	011						(425) 77			
EDMONDS,						2d	Business code 52421	(see instructions) O		
3a Plan ac	dministrator's name	and address XSame as Plan Spor	sor Name San	ne as Plan S	Sponsor Address	3b	Administrator's	EIN		
					s	3с	Administrator's	telephone number		
					3					
4 If the r	name and/or FIN of	the plan sponsor has changed since	the last return/rer	nort filed for	this plan, enter the	4h	EIN	- 71.2 Z		
name,	EIN, and the plan r	number from the last return/report.		20,1,1,100,101	and plant, antar and	TD LIN				
a Sponse						4c PN				
	원 (3)	its at the beginning of the plan year				5a				
		its at the end of the plan year				5b		9		
		th account balances as of the end o				5c		8		
6a Were	all of the plan's ass	ets during the plan year invested in	eligible assets? (S	ee instructi	ons.)	•••••	************	X Yes No		
b Are vo	ou claiming a waiver	of the annual examination and repo	ort of an independe	ent qualified	public accountant (IQ	PA)		0 0		
		46? (See instructions on waiver elig						X Yes No		
		either line 6a or line 6b, the plan					Service Control of the Control of th			
		te or incomplete filing of this retu								
Under pena	allies of perjury and	other penalties set forth in the instri and signed by an enrolled actuary,	uctions, I declare t as well as the ele	hat I have e ctronic versi	xamined this return/replion of this return/report	port, i L and	ncluding, if applic	cable, a Schedule		
belief, it is	true, correct, and co	implete.				-1		, and mough and		
	11/120	01/108	166	2/12	× / Michael	P	O(1-1)			
SIGN	X VVi. CVG	el Corr	105/1	7/12	20 20 0	1	Calouid			
HERE	Signature of plan	administrator	Date		Enter name of individ	ual si	gning as plan ad	ministrator		
SIGN										
HERE	Signature of emp	oloyer/plan sponsor	Date		Enter name of individ	ual si	gning as employe	er or plan sponsor		
Preparer's	name (including firm	n name, if applicable) and address;	include room or su	iile number	(optional)	Pre	parer's telephone	e number (optional)		
						ľ				

Part	III Financial Information	***********								
	Plan Assels and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
ат	otal plan assets	7a	441834	441834			547111			
b T	otal plan liabilities	7b								
C N	let plan assets (subtract line 7b from line 7a)	7c	441834	1		547111				
8 II	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
	Contributions received or receivable from:		2.27.							
	1) Employers	8a(1)	20491							
	2) Participants	8a(2)	54997		-					
	3) Others (including rollovers)	8a(3)	690							
	Other income (loss)	8b	44464	4	+					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		120645			
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d	13750)						
	Certain deemed and/or corrective distributions (see instructions)	8e	1618	3		7				
	Administrative service providers (salaries, fees, commissions)	. 8f				N SW				
g	Other expenses	. 8g					- Company of the State of the S			
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					15368			
•	Net income (loss) (subtract line 8h from line 8c)	. 8i					105277			
i -	Transfers to (from) the plan (see instructions)	. 8j	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Part	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f									
Part	V Compliance Questions				T-TYPE		100			
10	During the plan year:				Yes	No	Amount			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х		1000000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	ond, that was caused by fraud	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х		3308			
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
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? 2520.101-3.)			10h		×				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions and con	nplete	Sche	dule SB	(Form Yes No			
11a	a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum fundin	g requiren	nents of section 412 of the Cod	e or s	ection	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amorti	zed in this plan year, see instru		s, and	enter th Day	e date of the letter ruling Year			
lf.	you completed line 12a, complete lines 3, 9, and 10 of Schedu									
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				
e	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		300000
-	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?				Ye	s 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				
	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)					

14a Name of trust

14b Trust's EIN