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

2013

This Form is Open to Public Inspection

	• •	Complete all entries in acc	ordance with the instru	ctions to the Form 550	ло- Эг.		
Part I		Identification Information					
For calend	lar plan year 2013 or fis	scal plan year beginning 01/01/2	013	and ending	12/31/2	2013	
A This re	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descrip	otion)				
Part II	Basic Plan Info	rmation—enter all requested info	rmation				
1a Name	of plan				1b	Three-digit	
COUNTRYV	VIDE BROKERAGE SE	RVICES RETIREMENT PLAN				plan number	001
					10	(PN) ▶ Effective date o	
						01/01/	•
WHITECAP	INSURANCE, INC.	dress; include room or suite number	(employer, if for a single-	-employer plan)	2b	Employer Identii (EIN) 91-20	
	WIDE BROKERAGE SE	ERVICES			2c	Sponsor's telep	
P.O. BOX 2 EDMONDS,					2d		see instructions)
3a Plan a	administrator's name an	d address XSame as Plan Sponso	r Name Same as Plai	n Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
							•
4 If the	name and/or FIN of the	plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4h	EIN	
		nber from the last return/report.	ie iast return/report illeu i	or this plan, enter the	40	EIIN	
a Spons	sor's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		9
b Total	number of participants	at the end of the plan year			5b		7
		account balances as of the end of th		•	. 5c		7
		during the plan year invested in eli	- '				X Yes No
		the annual examination and report (See instructions on waiver eligibili					X Yes □ No
		ther line 6a or line 6b, the plan ca					M 100 [] 110
		t plan, is it covered under the PBG0			_		Not determined
	•			•			1
		or incomplete filing of this return/	•				able a Cabadula
SB or Sche		ner penalties set forth in the instructi nd signed by an enrolled actuary, as olete.					
SIGN	Filed with authorized/v	valid electronic signature.	05/29/2014	ANNE BRENNAN			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ıning as plan adn	ninistrator
SIGN							
HERE	Cimpetume of amounts		Dete	Catana a sant a finalisis	lual cia	ining as employe	
IILKL	Signature of employ	yer/plan sponsor	Date	Enter name of individ	iuai siy	Jilling as citiploye	r or plan sponsor
		yer/plan sponsor ame, if applicable) and address; inc					number (optional)

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities				(b) End of Year							
	Total plan assets	7a	(a) Degining of Tea		+		(b) Liid 0	648				
	Total plan liabilities	7b	-		+							
	Net plan assets (subtract line 7b from line 7a)	7c	54711	1				648	081			
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To					
	Contributions received or receivable from:		(a) Amount				(6) 10	tai				
	(1) Employers	8a(1)	2286	7								
	(2) Participants	8a(2)	7247	' 6								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	6858	0								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						163	923			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6295	3								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						62	2953			
i	Net income (loss) (subtract line 8h from line 8c)	8i						100	970			
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:				
Par	t V Compliance Questions											
10	During the plan year:				Yes	No		Amour	nt			
а				10a		X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X						
					X				10	000	200	
d				10c					10	UUL	000	
	or dishonesty?			10d		X						
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 											
	instructions.)		. ,	10e	X					39	958	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X						
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X						
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	ne required	d notice or one of the	10i								
Part	· · · · · · · · · · · · · · · · · · ·											
11	Is this a defined benefit plan subject to minimum funding requirem							П у	es [_	No	
110	5500) and line 11a below)							<u> </u>	- 55		. 10	
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICAC		/oo	<u></u>	Nic	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 Of	EKISA?	Ц Ү	es :	^	No	
	(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 beir			ctions	and a	anter th	e date of th	e letto	r rulir	na		
	granting the waiver.		Mon	nth	, and t	Day		Year _	ı rulli	'Y		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			I	461	1					
h	Enter the minimum required contribution for this plan year					12b	I					

Page	3 -		1
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С	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?	Y	es 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust				

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

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

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	rt I	Annual Report	Identification Informa	ation			250199		
For	calenda	ar plan year 2013 or fis	scal plan year beginning	01/01/2013		and ending	12/31/	2013	
Αт	This ret	um/report is for:	a single-employer plan	[] a	a multiple-employer pl	an (not multiemployer)	a one-partic	pant plan
Вт	This ret	urn/report is:	the first retum/report	□ t	he final return/report	W 1887		_	•
			an amended return/rep	ort 🗌 a	short plan year return	n/report (less than 12 i	nonths)	
C	Check b	oox if filing under:	Form 5558	□ a	automatic extension			DFVC progra	am
			special extension (ente	r description)				
Pa	rt II	Basic Plan Info	rmation—enter all reques	sted informat	ion	40			·
	Name	of plan	=3000 = = = = = = = = = = = = = = = = =				1b	Three-digit	
COU	NTRYV	VIDE BROKERAGE S	ERVICES RETIREMENT PI	LAN				plan number (PN) ▶	001
- Marina						No. of Control	1c	Effective date of 01/01/2	
WHIL	ECAP	onsor's name and ad INSURANCE, INC. /IDE BROKERAGE SI	dress; include room or suite ERVICES	number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-201	
	BOX 20						2c	Sponsor's telep (425) 77	
		WA 98020					2d	Business code 524210	(see instructions)
3a	Plan ad	lministrator's name an	nd address Same as Plan	Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's	EIN
							3с	Administrator's	telephone number
							ļ		
	5////								
4	if the n	ame and/or EIN of the EIN, and the plan nur	e plan sponsor has changed mber from the last return/rep	since the las	st return/report filed fo	or this plan, enter the	4b	EIN	Same vite
		r's name	noor nom the last returning	JOIL.			4c	PN	
5a	Total n	umber of participants	at the beginning of the plan	year	*******************************	***********************************			9
			at the end of the plan year.						7
	Numbe	er of participants with a	account balances as of the	end of the pla	an year (defined bene	fit plans do not	-		
									7
6a b	Were Are vo	all of the plan's assets	s during the plan year invest the annual examination and	ed in eligible	assets? (See instruc	tions.)	**********	***************************************	Yes No
	under	29 CFR 2520.104-46?	? (See instructions on waive	г eligibility ar	nd conditions.)				Yes No
	If you	answered "No" to el	ther line 6a or line 6b, the	plan canno	t use Form 5500-SF	and must instead us	Form	5500.	□
C	If the p	lan is a defined benefi	it plan, is it covered under th	ne PBGC ins	urance program (see	ERISA section 4021)?		Yes X No	Not determined
Caut	tion: A	penalty for the late of	or incomplete filing of this	return/repo	rt will be assessed	uniess reasonable ca	use le	established	100000000000000000000000000000000000000
Unde	er pena	Ities of periury and oth	ner penalties set forth in the	instructions	I declare that I have	evamined this return/o	anord in	aludias if soulls	able a Schedule
20 0	or ocne	dule MB completed ar rue, correct, and comp	io signed by an enrolled act	cuary, as well	as the electronic ver	sion of this return/repo	rt, and	to the best of my	knowledge and
SIGN		× anne	Brennan		15/22/14	*1 Anne	B	rennam	1
		Signature of plan a	dministrator		Date	Enter name of indivi	dual sig	ning as plan adn	ninistrator
SIGN									
and the same	THE WALLS	Signature of employ			Date	Enter name of indivi	dual sig	ning as employe	r or plan sponsor
Prep	arers r	name (including tim n	ame, if applicable) and addr	ress; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)
								7 7 7	
							-		

Pa	rt III Financial Information									_	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y			
а	Total plan assets	7a	54711	25	\neg		(8) 2114		4808	1	
b	Total plan liabilities	7b			_		-				_
С	Net plan assets (subtract line 7b from line 7a)	7c	54711	1			-140-	6	48081		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	es az Si			
а	Contributions received or receivable from:			-				Pill			関が
(and s	(1) Employers	. 8a(1)	2286	0	1515	right and					
	(2) Chara (in histography)	. 8a(2)	7247	6	指領 Free				East)	III.	
	(3) Others (including rollovers)	457000	2050		166						
	Other income (loss)	. 8b	6858	u antiri		PH SU	计正性流程				No.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	EVEN HER MED THAT STREET HER HER HER	URAN.	- 50 - 575 kg	CHIENER	Little Tittle Good on	10090710	63923	is Notes associated	zamonu.
	to provide benefits)	. 8d	6295	3					4.		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				1,910/2					
f	Administrative service providers (salaries, fees, commissions)	. 8f			1375				11000		AND THE
g	Other expenses	. 8g			0.00				BISSEN.	Maria.	Miss
1000	Total expenses (add lines 8d, 8e, 8f, and 8g)				i i	Medical States	Service Revenue Cons	0.0040.235	62953	L1 55 4000P	ere-is-i
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		17 LL	10	12.1			00970		
j	Transfers to (from) the plan (see instructions)	- 8i			10 To	. dsf		_	ALC: N	Sint	STEP OF
Pai	t IV Plan Characteristics	1 7			The l	NAME OF	20 (THE ALSO LIGHTE	SHEED	17,112500	23/11/	es de la constante de la const
9a b Par	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										
10	During the plan year:		7-1-7		Yes	No					
a	2000 No. 1 (10) 1 (10) 10 (10)	itions within	the time period described in ection Program)	10a	-100	х		Amo	unt	-	
d		t? (Do not i	nclude transactions reported	10b		х					
С	White the same that was a state			10c	х				4	0000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		x				0000	100
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persons of the ben	s by an insurance carrier, efits under the plan? (See	10e	x		25.			39	958
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х					2.50
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х					_
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instru	ctions and 29 CFR	10h		X					
ī	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i							
Part	40 V H/W						AVE-1710/86 JA/180	C NC II	C. HALLES	141(1)	27912
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	es," see instructions and com	plete	Sched	dule SE	3 (Form	П	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year f					11a				Ш	<u></u>
12	Is this a defined contribution plan subject to the minimum funding				The state of the s		FRISA?	П	Yes	N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			- UI 00	Judit	U 200	LINGA!	is.	1 63	N	140
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	ed in this plan year, see instru	ctions,	, and e	enter the	ne date of t	he le Yea		ing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (For	m 5500), and skip to line 13.					. 50		_	_
b	Enter the minimum required contribution for this plan year			*******		12b					

Form	5500	-SF	201	13
1 01111		-01		

*******	-		140
Page	5	-	1

C	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?	27933000	☐ Ye	sП	No	N/A
Part						1
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes >	No		- Ine
1.00	If "Yes," enter the amount of any plan assets that reverted to the employer this year				T-	
ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		ļ.——	- 1	T Voc	⊠ 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 63	M NO
1	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)					
14a Name of trust				IN	B	
* * **						