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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	 Complete all entries in accordance 	rdance wit	h the instructions to the Form 550	0-SF.				
	Part I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal	l plan year beginning 01/01/200	09	and ending 1	2/31/2	2009			
Α.	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)	one-participant plan				
	This return/report is for:	first return/report	final return/report						
	X	an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automatio	extension	DFVC program				
_		special extension (enter descripti	ion)						
Do	ert II Pasia Plan Inform								
		nation—enter all requested inform	nation		1h	Thron digit			
	Name of plan	RS, INC. 401(K) PROFIT SHARING		ID TRUST	ID	Three-digit plan number	1		
ASSI	SCIATED INSURANCE BROKE	(13, 1140. 401(K) 1 KOLTI SHAKIN	O I LAN AN	TROOT		(PN) ▶	001		
					1c	Effective date of	f plan		
					01/01/1958				
		ss (employer, if for single-employe	r plan)		2b Employer Identification Numl				
ASS	OCIATED INSURANCE BROKER	RS, INC.				(EIN) 91-128			
					2c	elephone numb	oer		
	PACIFIC AVENUE, SUITE 400 DMA, WA 98402				24	253-272 Business code (٥)	
	,				Zu	524210		٥)	
3a	Plan administrator's name and a	address (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's I			
	OCIATED INSURANCE BROKER	RS, INC. 621 PACIFI	C AVENUE	, SUITE 400			91-1287867		
	TACOMA, WA 98402						elephone numb	oer	
<u> </u>	f the name and/or FINI of the plan	a anaması baş abancad ainəş tha k		an art filed for this plan, anter the	46	253-272	2-3921		
		n sponsor has changed since the la from the last return/report. Spons		eport filed for this plan, enter the	4b EIN				
		The state of the s			4c	4c PN			
5a	Total number of participants at t	the beginning of the plan year			5a			2	
b	Total number of participants at t	the end of the plan year			5b			2	
С	, ,	h account balances as of the end of			0.0				
					5c			2	
6a	Were all of the plan's assets du	uring the plan year invested in eligi	ble assets?	(See instructions.)			X Yes	No	
b				ndent qualified public accountant (IQ			∇		
				ions.)			X Yes	No	
Da	rt III Financial Informa		-orm 5500-	SF and must instead use Form 55	00.				
		uon							
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year			0.40	
	Total plan assets		7a	707227			5268		
b	•	tal plan liabilities)			0	
<u>C</u>		o from line 7a)	7с	707227	7	526849			
8	Income, Expenses, and Transfe			(a) Amount		(b) 1	otal		
а		ontributions received or receivable from:		3895	5				
	` , , ,	, =		 i					
		Participants 8a(2) 1709 Others (including relievers) 8a(3)							
h	,	11(1)		2					
b	,			5		22	400		
C C		al income (add lines 8a(1), 8a(2), 8a(3), and 8b)					334	463	
d	, , ,)					
е	Certain deemed and/or corrective	ve distributions (see instructions))				
f		s (salaries, fees, commissions)		13841					
g					5				
h	·	e, 8f, and 8g)					2138	841	
i		8h from line 8c)					-180		
i		e instructions)		(
		,	ı OI						

Part IV	Dlan	Characteristics
Partiv	Plan	Characteristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Filed with authorized/valid electronic signature.

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2G 2J 2K 2R

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

Part	٧	Compliance Questions								
10	Du	During the plan year:							Amount	
а		Nas 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)					X			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X			
С	W	Was the plan covered by a fidelity bond?			10c	X				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X			
е	ins	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.)					X			
f	Has the plan failed to provide any benefit when due under the plan?						X			
g	Dio	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X			
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					Х			
i	If 1	f 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					X			
Part	۷I	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)) Yes No								X No	
-		completed line 12a, complete lines 3, 9, and 10 of Schedule M		-		г	401	I		
	Enter the minimum required contribution for this plan year						12b			
	Enter the amount contributed by the employer to the plan for this plan year						12c			
u	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			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?							N/A		
Part		Plan Terminations and Transfers of Assets								
13a	На	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?		г		I	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						13a			
	of	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to			ā	
13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3)	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.										
	Filed with authorized/valid electronic signature 10/13/2010 IAV T STERN									
SIG	N		-							

Date

Date

10/13/2010

JAY T STERN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor