Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Insp	ection		
Part I Annual Report Identification Information									
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
Α	This return/report is for:	single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participa	ant plan		
В	This return/report is:	ne first return/report	the final re	eturn/report		_			
		in amended return/report	a short pla	in year return/report (less than 12 m	onths)				
_	Check box if filing under:	extension		DFVC program	า				
C	· F	CACCIOION		_ Di vo program					
		pecial extension (enter descriptio	,						
		tion—enter all requested information	ation		1 h	There are all soft			
	Name of plan STINUS BENEFITS, INC. 401(K) PL	ΔNI			10	Three-digit plan number			
1100	311103 BENEFITS, 110. 401(R) TE					(PN) ▶	001		
					1c	Effective date of	olan		
						01/01/2	2007		
	Plan sponsor's name and address;	include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identific			
IRU	JSTINUS BENEFITS, INC.					(EIN) 20-296	4363		
					2c	Sponsor's teleph			
	DOCK ST.					800-544-			
	ΓΕ 113 ΟΜΑ, WA 98402-4629				2d	Business code (se			
20	Dia a dasinistantania nasaa and add	<i>(if</i>		22\	2h	524210			
	Plan administrator's name and add STINUS BENEFITS, INC.	ress (if same as pian sponsor, er 535 DOCK ST		;)	30	Administrator's El 20-296			
		SUITE 113 TACOMA, WA		220	3c	Administrator's te	lephone number		
		TACOIVIA, VVA	4 90402-40	529		800-544-	2777		
4	If the name and/or EIN of the plan		ast return/ı	report filed for this plan, enter the	4b	EIN			
9	name, EIN, and the plan number f Sponsor's name	rom the last return/report.			4c	DNI			
	Total number of participants at the	heginning of the plan year			+	1			
		0 0 , ,			5a	_			
b	' '	• •			5b		0		
С		•	• (defined benefit plans do not	5c		6		
6a	Were all of the plan's assets durin					I	X Yes No		
_	Are you claiming a waiver of the a	• • •		· ·					
				ons.)			X Yes No		
_		<u> </u>	orm 5500-	SF and must instead use Form 55	00.				
Pa –	art III Financial Information	on							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o			
а	Total plan assets		7a	68608			76031		
b	'		7b	0			0		
С	Net plan assets (subtract line 7b fr	om line 7a)	7с	68608			76031		
8	Income, Expenses, and Transfers			(a) Amount		(b) To	otal		
а	Contributions received or receivab (1) Employers		8a(1)	5915					
				3323					
	(2) Participants		8a(2)	0					
h	(3) Others (including rollovers)		8a(3)	-1815					
b	,		8b	-1013			7423		
۲ C	(8c				7425		
d	Benefits paid (including direct rollo to provide benefits)		8d	0					
е			8e	0					
f	Administrative service providers (s	,	8f	0					
g	Other expenses		8g	0					
h			8h				0		
i	Net income (loss) (subtract line 8h		8i				7423		
i	Transfers to (from) the plan (see in	,		0					
J			8j						

Form	5500-	SF	201

Page 2 -	1
----------	---

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

		Yes	No		Amou	unt	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		163			AIIIO	unit	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		X				
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				
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.)	10e	Χ					
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	ule SB	(Form			
to the a defined benefit plan edujoet to himman randing requirements. (ii 100, 000 mendediche and con	iipioto i						
5500))						Yes	ΧI
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes Yes	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of E	ERISA?.		Yes	× 1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	ction 3	302 of E	ERISA?.	the lett	Yes er ruli	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	e or se	ction 3	302 of Enter the	ERISA?.	the lett	Yes er ruli	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	ction 3	302 of Enter the Day _	ERISA?.	the lett	Yes er ruli	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	ction 3	302 of Enter the	ERISA?.	the lett	Yes er ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 of Enter the minimum required contribution for this plan year.	e or se	and e	302 of Enter the Day _	ERISA?.	the lett	Yes er ruli	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	e or se	and e	12b 12c 12d	ERISA?.	the lett	Yes er rulii	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	e or se	and e	12b 12c 12d	ERISA?.	the lett	Yes er rulii	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	and e	12b 12c 12d	ERISA?.	the lett Year	Yes er rulii	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c 12d	ERISA?.	the lett Year	Yes er rulii	x I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	and e	12b 12c 12d	ERISA?.	the lett Year No	Yes er ruli	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	e or se uctions, thh of a	and e	12b 12c 12d Y	ERISA?.	the lett Year No	Yes er rulii	N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, thh of a	and e	12b 12c 12d Y	PRISA?.	the lett Year	Yes er ruli	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, thh of a	and e	12b 12c 12d [PRISA?.	the lett Year	Yes er rulii	X I

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.	05/31/2012	LLOYD G. WHITON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/31/2012	LLOYD G. WHITON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	► Complete all entries in accord	dance with	the instructions to the Form 550	O-SF.	mapection
_	art Annual Report Identification Information				
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	1/2011 and ending	12	/31/2011
Α	This return/report is for: x a single-employer plan	a multiple-	employer plan (not multiemployer)	Γ	a one-participant plan
В	This return/report is: the first return/report	the final re	turn/report	•	
	an amended return/report	a short pla	n year return/report (less than 12 mor	nths)	
С	Check box if filing under:	automatic		Г	DFVC program
	special extension (enter description)			L.] Di VO piùgiam
ъ					
	art II Basic Plan Information enter all requested information	mation.		46 -	
ıa	Name of plan				Three-digit Dlan number
	Trustinus Benefits, Inc. 401(k) Plan				PN) ▶ 001
					Effective date of plan
	Plan sponsor's name and address; include room or suite number (em	alayer if fa			01/01/2007
- u	Trustinus Benefits, Inc.	ployer, ir io	single-employer plan)		Employer Identification Number
					EIN) 20-2964363
	F2F % 1 F1				Plan sponsor's telephone number (800) 544-2777
	535 Dock St. Suite 113				Business code (see instructions)
US	Tacoma WA 98402-4629				524210
3a	Plan administrator's name and address (If same as plan sponsor, ente	er "Same")		3b /	Administrator's EIN
	Same				
				3c /	Administrator's telephone number
				•	difficient of telephone flamper
4	If the name and/or EIN of the plan sponsor has changed since the las	t roturn/ron		46 -	
7	name, EIN, and the plan number from the last return/report.	i return/rep	ort filed for this plan, enter the	.4b E	
_a				4c F	PN
5a	- Summing of the plant year.			5a	4
b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan			5b	6
U	complete this item)	i year (deii	ned benefit plans do not	5c	6
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)		· · · · X Yes \ \ \ No
b	Are you claiming a waiver of the annual examination and report of an	independer	nt qualified public accountant (IQPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		•		Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	and must instead use Form 5500.		
7	art III Financial Information	15506504.0 2/10/1			
1	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	7a	68,608	-	76,031
b	Total plan liabilities	7b	0	_	0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	68,608		76,031
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	good/W	(b) Total
_	(1) Employers	8a(1)	5,915		
	(2) Participants	8a(2)	3,323	4.715	
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	(1,815)		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			7,423
d	Benefits paid (including direct rollovers and insurance premiums		Action and		1,720
_	to provide benefits)	8d	0	-	
e e	Certain deemed and/or corrective distributions (see instructions)	8e	0	-	
f	Administrative service providers (salaries, fees, commissions)	8f	0	-	
g	Other expenses	8g	0	835	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)			ĝ.	0
1	Net income (loss) (subtract line 8h from line 8c)			i Respective	7,423
1	Transfers to (from) the plan (see instructions)	8j	0		CHARLES SERVICE AND A SERVICE SERVICE.

	Form 5500-SF 2011 Page 2-		******		•		
Par	t IV Plan Characteristics				****		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteris					:	
Pai	t V Compliance Questions						
10	During the plan year:		Yes	No	1	Amount	
a b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
	on line 10a.)	10b		х			
С	Was the plan covered by a fidelity bond?	10c		х			
d		10d		х			
е	Were any fees or commissions 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				3
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			x			
h		10g 10h		х			
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						
	t VI Pension Funding Compliance				tua	******	*****
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	te Sc	hedul	e SB (Form		X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						X No
a	granting the waiver	ns, ar th	nd ent	er the Day	date of the l	etter ruling Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Enter the minimum required contribution for this plan year		_	12b			
c d	Enter the amount contributed by the employer to the plan for this plan year 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)		•	12c 12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• •	• [Yes	No	□N/A
Pari		•	•	• •			
13a	Has a resolution to terminate the plan been adepted in any principle.					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	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 p which assets or liabilities were transferred. (See instructions.)	lan(s)) to				
	13c(1) Name of plan(s):	******	13	c(2) E	IN(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cal	use is	s esta	blishe	d.		
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re	port,	includ	ing, if	applicable, a	a Schedule	

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	Slay Undon		Lloyd G. Whiton
HERE	Signature of plan administrator	Date 5/23/12	Enter name of individual signing as plan administrator
SIGN		7 /	
187-19109911080	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor