## 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

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation  Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.		, , , , , , , , , , , , , , , , , , ,	
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/20	)11		
	This return/report is for:    a single-employer plan   a multiple-employer plan (not multiemployer)   a one-participant plan     the first return/report   the final return/report						
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)			
C	Check box if filing under:    Som 5558		extension		DFVC progra	m	
D-	<u> </u>						
	art II Basic Plan Information—enter all requested information	ation		1h -	There is all all		
	Name of plan RNATIONAL NEWS, INC. 401(K) PLAN			1	Three-digit olan number (PN) ▶	001	
				1c	Effective date of 11/01/		
	Plan sponsor's name and address; include room or suite number (er RNATIONAL NEWS, INC.	mployer, if	for a single-employer plan)		Employer Identif EIN) 91-12		er
1922	6 70TH AVENUE SOUTH			2c 3	Sponsor's teleph 253-872		
	Г, WA 98032			2d E	Business code ( 44819		ns)
	Plan administrator's name and address (if same as plan sponsor, er RNATIONAL NEWS, INC. 19226 70TH A	AVENUE S		3b /	Administrator's E 91-12	EIN 21196	
	KENT, WA 98	3032		3c /	Administrator's t 253-872		nber
4	If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b			
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	5a		
b	Total number of participants at the end of the plan year		5b	b			
С	Number of participants with account balances as of the end of the p complete this item)	• (	·	5c			2
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo	and conditi	ions.)	·····		X Yes	No
Pa	rt III Financial Information	JIIII 3300-	SF and must instead use Form 550	<i>.</i>			
			()5			• • • • • • • • • • • • • • • • • • • •	
7	Plan Assets and Liabilities	_	(a) Beginning of Year 2280539		(b) End	of Year 2296497	,
a	Total plan assets	7a	2200339			2230437	
D	Total plan liabilities		2280539			2296497	,
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otal	
а	(1) Employers	8a(1)	16831				
	(2) Participants	8a(2)	39709				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	18603				
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					75143	}
c d	Benefits paid (including direct rollovers and insurance premiums	8c					
	to provide benefits)	8d	39182				
e	Certain deemed and/or corrective distributions (see instructions)	8e					
t	Administrative service providers (salaries, fees, commissions)	8f	20000				
g	Other expenses	. 8g	20003				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				59185	
i	Net income (loss) (subtract line 8h from line 8c)					15958	3
j	Transfers to (from) the plan (see instructions)	8j					

_			
Form	5500-	マトって	111

Part IV	Plan	Characte	aristics
raii iv	- FIAII	Guaraci	ยเอแรอ

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

)	V Compliance Questions  During the plan year:		Yes	No		Amount	
	Was 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)	10a		X	4	Amount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	X			-	250000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Χ				
е	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		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				17943
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	10i					
art	VI Pension Funding Compliance						
l1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(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 instruction granting the waiver	th					
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401	1		
	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	negative amount)		L	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>			∕es <mark>X</mark> No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu						
B or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	report	, and	to the I	pest of my k	nowledge	and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/04/2012	CRES VILORIA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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

## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2011

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		rdance with the	instructions to the Form 5500	I-SF.	::::::::::::::::::::::::::::::::::::::
Part I Annual Report Identi For calendar plan year 2011 or fiscal plan		01/01/2011	and ending		12/31/2011
U.S.	tion of the commence of the object of the contract of the cont	Harrista vijinas nama	ployer plan (not multiemployer)	MATERIAL IN	a one-participant plan
A IIIIS Teturi in report a loi.	first return/report	the final return			
	amended return/report		ar return/report (less than 12 me	onths)	
	rm 5558	automatic exte		Γ	DFVC program
	ecial extension (enter descripti				
inch delta ad inimali ini ini danama di ini di ina da Mara del ini ada di ini ada di ini ada di ini a	On—enter all requested inform	4, (, 1 - ) 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
1a Name of plan	One-enter an requested injuri			1b -	Three-digit
International News, Ir	ıc. 401(K) Plan				olan number
			e directione de la prima de la figura de la f Esta de la figura d		PN)
				100 \$ 000 \$ 100 \$ 100 \$	Effective date of plan 11/01/1985
2a Plan sponsor's name and address; I	oclude room or suite number (	employer, if for	a single-employer plan)	117,127,171111,171	Employer Identification Number
International News, Ir					EIN) 91-1221196
					Sponsor's telephone number
					(253) 872=3542
19226 70th Avenue Sout				1.757892.2003	Business code (see instructions) 448190
Kent  3a Plan administrator's name and addr		ontor "Come"\	WA 198032	1-5-1-1	446190 Administrator's EIN
Same Same	ess (ii same as plan sponsor,	enter Same y			
				3с .	Administrator's telephone number
4 If the name and/or EIN of the plan s		Last satura/sacc	rt flod for this plan, enter the	4b	
<ul> <li>4 If the name and/or EIN of the plan's name, EIN, and the plan number from</li> </ul>		riast remitarepo	it lied of this plan, enter the	70	EIN 16 120 A 1816 - 21 G.
a Sponsor's name				4c	PN
5a Total number of participants at the l	beginning of the plan year	·*::::::::::::::::::::::::::::::::::::		5a	
<b>b</b> Total number of participants at the o			The first of the first of the control of the contro	5b	2
C Number of participants with accoun				5c	2
complete this item)	decimando do transferencia esta diferencia como esta diferio de como esta de como esta de la francia de como e	4.0000000000000000000000000000000000000		1.00	X Yes No
6a Were all of the plan's assets during b Are you claiming a waiver of the an				IPA)	
under 29 CFR 2520.104-46? (See	instructions on waiver eligibilit	y and conditions			X Yes No
If you answered "No" to either 6:		Form 5500-SF	and must instead use Form 5	00.	andraidaen inderenten jaraken (h. 1918). Geografia
Part III   Financial Informatio		1   1   1   1   1   1   1   1   1   1			
7 Plan Assets and Liabilities			(a) Beginning of Year 2,280,5	2 à	(b) End of Year 2,296,49
a Total plan assets     b Total plan liabilities.		<u>7a</u> 7b			Entre de l'altre de la construent poste
	- los 7s)	ini i dishiya historiya da iyo	2,280,5	3 9	2,296,49
C Net plan assets (subtract line 7b fro     Income, Expenses, and Transfers to			(a) Amount		(b) Total
Contributions received or receivable	. 5194544		(a) Anount		
(1) Employers		8a(1)	16,8		
(2) Participants		8a(2)	39,7	09	
(3) Others (including rollovers)	,	NEW ARCHORAGO AND			
o filozofika izaza erazia eraziakan katega yang bi katega izazi	er de de la competition de la competit La competition de la	3.49 mai: 6.59 e. 54 million (5.71)	18,6	03	
C Total income (add lines 8a(1), 8a(2		8c			75,14
d Benefits paid (including direct rollo to provide benefits)	vers and insurance premiums	8d	39,1	82	
e Certain deemed and/or corrective	distributions (see instructions)	15 75 85 85 175 155			
f Administrative service providers (s	KALANTAN TIPOTAN NA 1981 MALAMBARA TAN PARTA AN BILANGSANA AN AND AN AND AND AND AND AND AND AN	8f			
g Other expenses	(Conformation by Anglands and Adaptive Group	8g	20,0	03	
h. Total expenses (add lines 8d, 8e, 8		8h			
i Net Income (loss) (subtract line 8h		8i		ister in c	15,,95
Transfers to (from) the plan (see in	etrictions)				

Part IV Plan Characteristics				
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in t	he instructions:
2E 2H 2J 2K 2T 3D 2G 2F <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in th	e instructions:
Barty Camplene Overtions				
Part V Compliance Questions  10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in				Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
C Was the plan covered by a fidelity bond?	10c	Х		250,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	40.1		x	
or dishonesty?  • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier.	10d		<b>∂</b>	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f	2010.00	X	
g: Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	101	х		17,943
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	ivy	75		
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	10i		4.4	
Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con				
5500))		3. 12. 125. 25	A 17 77 (A) 200	Contact to the contact of the contac
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	c ui si	-CUOIT	302 01	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru		and	1. 1844	regrade to the control of the contro
granting the waiver	example of the		Day	Year —
b Enter the minimum required contribution for this plan year			12b	
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 negative amount).			12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No NA
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?				ćes X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	1405 (150) 1405 (150)	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	unde	r the c	ontrol	Yes X No
of the PBGC?	the pla	an(s) t	) D	
which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):		-	sc(2) E	N(s) 13c(3) PN(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal			Marite Contragality	engalaman ng Samula Adalah Salabaga ang atampatan garing asik babaga
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return				
belief, it is true, correct, and complete.			Parties	
SIGN (VMONN' 10 U3)7912 Cres Vilo	(A. 1) (a. m.)		propietici State was	
HERE Signature of plan administrator Date Enter name of	individ	Jual si	gning a	s plan administrator
SIGN:				
HERE Signature of employer/plan sponsor Date Enter name of	individ	jual si	gning a	s employer or plan sponsor 🐇

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