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 accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) automatic extension Form 5558 DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number TRUSTINUS BENEFITS, INC. 401(K) PLAN 001 (PN) **>** 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TRUSTINUS BENEFITS, INC 20-2964363 (EIN) Sponsor's telephone number 800-544-2777 535 DOCK ST. **SUITE 113** Business code (see instructions) TACOMA, WA 98402-4629 524210 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number 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 name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 6 5a **b** Total number of participants at the end of the plan year..... 5 5_b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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. 06/28/2013 LLOYD G. WHITON SIGN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date 06/28/2013 SIGN Filed with authorized/valid electronic signature. LLOYD G. WHITON **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) BENEFITS GROUP NORTHWEST, INC. 206-878-0688 23830 PACIFIC HIGHWAY S. SUITE 332 KENT, WA 98032-7734

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	oar		
<u>′</u> а	Total plan assets	7a	(a) Beginning of Tea				(b) Ellu		12261	1	
	Total plan liabilities	7b	7000	0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	7603		+				12261	_	
8	Income, Expenses, and Transfers for this Plan Year	70		, ,			(b) T		12201	+	
	Contributions received or receivable from:		(a) Amount				(b) T	Otai			
	(1) Employers	8a(1)	3500	0							
	(2) Participants	8a(2)	400)3							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	810)2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4710	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52	22							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							52	2	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4658	3	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics				•						
9a											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	c Code	es in t	he instruct	ons:			
Par	Part V Compliance Questions										
10	During the plan year:			1	Yes	No		Δm	ount		
a		tions withi	n the time period described in					AIII	ount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest			10a		X					
	on line 10a.)	,		10b		X					
C	Was the plan covered by a fidelity bond?			10c		X					
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 insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Х					
h	· · · · · · · · · · · · · · · · · · ·	(See instru	uctions and 29 CFR	10g		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	10ii							
Par											
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
11:	5500) and line 11a below)										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	nter th	e date of t	he le Yea		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Jay		100	<u> </u>		
	Enter the minimum required contribution for this plan year	•	•			12b					
	Janes continuation for the plan year minimum				- 1						

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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):	3 c(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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.	inspection				
		Identification Information								
For	r calendar plan year 2012 or fis	scal plan year beginning	01/01/2012	and ending	12/3	1/2012				
Α	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	ver) a one-participant plan					
В	This return/report is:	the first return/report	the final return/report	[
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)					
С	Check box if filing under:	Form 5558	automatic extension		Пг	DFVC program				
		special extension (enter descr	iption)		Ц					
Р	art II Basic Plan Info	prmation enter all requested i	information							
	Name of plan	THREE CHOICE AN IOQUOCION	monnation		1b Thre	ee-digit				
	Trustinus Benefits,	Tno 401/bl Dlan			plar	n number				
	Trustanus Denerato,	, INC. 401(K) FIAN			(PN	I) ► 001 ective date of plan				
						octive date of plan /01/2007				
2a	Plan sponsor's name and ad	ddress; include room or suite numb	er (employer, if for a singl	e-employer plan)	2b Employer Identification Number					
	Trustinus Benefits,	, Inc.			1	N) 20-2964363				
						onsor's telephone number				
	535 Dock St.				(80	00) 544-2777				
	Suite 113					siness code (see instructions) 4210				
<u>us</u> 3a		WA 98402-4629 nd address X Same as Plan Spo	Some O	Di Charact Address	ļ					
ou	Fidii dulilililistrator s ildine di	ilu audiess [A] Saine as Fian Spu	nsor warne same as	Plan Sponsor Address	3b Administrator's EIN					
					25.44.44.4					
					3c Administrator's telephone number					
4	If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
_		mber from the last return/report.			_	F100 A1				
	Sponsor's name				4c PN					
		at the beginning of the plan year .			5a	6				
b		at the end of the plan year			5b	5				
		account balances as of the end of t			5c	5				
6a	Were all of the plan's assets	during the plan year invested in eli	igible assets? (See instruc	ctions)		X Yes No				
	Are you claiming a waiver of	the annual examination and report	of an independent qualific	***************************************)20000011001702 bosseed personal				
	under 29 CFR 2520.104-46?	' (See instructions on waiver eligibil	lity and conditions.)	*******************************	***************	X Yes No				
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Un SE	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									
be	lief, it is true, donect and com	ind signed by an emolied actuary, a iplete.	as the electronic ve	arsion of this return/repor	t, and to th	ie best of my knowledge and				
		inton	4/9/13	Lloyd G. Whiton						
出来的"我们"。 第15章 第15章 第15章 第15章 第15章 第15章 第15章 第15章										
HERE Signature of plan administrator Date				Enter name of individua	il signing a	s plan administrator				
	IGN .									
						s employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				Preparer's 	s telephone number (optional)					
Benefits Group Northwest, Inc.					(206) 878-0688					
	23830 Pacific High	way S.								
	Suite 332	•								
	US Kent	WA 98032-7734			Lagrania					

Pa	art III Financial Information								******
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year				
а	Total plan assets	7a	76,0	31			122,614		
b	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	76,0	31				12	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			122 , 614 (b) Total			2,014
а	Contributions received or receivable from:					(-, -, -, -, -, -, -, -, -, -, -, -, -, -			
	(1) Employers	8a(1)	35,0						
	(2) Participants	8a(2)	4,0						
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b	8,1	02	100 mg				la de la company
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			SA SAME FACILITY	J-Harrisettadu.	udala estencia con com	4	7,105
	to provide benefits)	8d	5.	22					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0		14 (85)			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				A. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	And the Stiff Earlie Book Security	mater 2 (4) 24 HAVA 01-4	522
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						4	6,583
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0	9 10 17				
Pa	rt IV Plan Characteristics			-	T about 40 tower		Commercial Second Statements	ana ani ketaman 1970	instalfallen in energeselik hiller in der
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charac	terist	ic Cod	es in f	he instruct	ione:	
	2A 2E 2G 2J 3D		To work the Liet of Flat Offarao	toniot	000	03 111 1	ino manuol		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	riotio	Cada	- : 41-	- !		·····
		iture codes	s nom the List of Plan Characte	ensuc	Code	s in th	e instructio	ons:	
Pa	rt V Compliance Questions	·					- 5000		
10	During the plan year:						1		
<u></u> а	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in		Yes	No		Amoun	ıt
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x			
b	The same and the second to the array party in the coot.	(Do not in	nclude transactions reported						
С	on line 10a.)			10b		Х			
d	Was the plan covered by a fidelity bond?			10c		X			
	or dishonesty?	*************	***************************************	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or othe	r persons	by an insurance carrier,						
	insurance service or other organization that provides some or all or instructions.)	the bene	its under the plan? (See	10e	1.4	x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x		, , , , , , , , , , , , , , , , , , , 	
g h	Did the plan have any participant loans? (If "Yes," enter amount as			10g		<u> </u>	200	májās galas alaros	o Paling Standard Communication Communication
	2520.101-3.)	his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)				x			
i	the state of the s			10i					
Part VI Pension Funding Compliance									
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	1a Enter the amount from Schedule SB line 39							CO LEEL INU	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
a	(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 being			iona	ond s	oto - 1'		L - 1. 11	
	granting the waiver		u iii ulis pian year, see instruct	ions, th	ала е	nter th . Da		he lettei . Year	_
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule						,	. , , , , ,	
b						12b			
	120								

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C Enter the amount contributed by the employer to the plan for this plan year				
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)				
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?	es X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Yes X No			
C 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.)				
13c(1) Name of plan(s): 13c(2) EIN((s) 13c(3) PN(s)			
	,			
•				
Part VIII Trust Information (optional)				
14a Name of trust	14b Trust's EIN			

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