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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	nefit Guaranty Corporation	 Complete all entries in accordance 	ruance with the mstruc	tions to the Form 5500)-SF.		
Part I	Annual Report Id	lentification Information					
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/20)13	and ending 12	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
	<u>_</u>	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	_	
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
David II	Deele Dien Intern	special extension (enter descript					
Part II		nation—enter all requested inform	mation		41-	-	-
1a Name	•) DI AN			10	Three-digit plan number	
TRUSTINUS	BENEFITS, INC. 401(K) PLAN				(PN)	001
					10	Effective date o	
					10	01/01	
	consor's name and address BENEFITS, INC.	ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi	ification Number
					2c	Sponsor's telep	phone number
535 DOCK S SUITE 113	ST.				0-1	800-54	
	/A 98402-4629				2a	Business code (52421	(see instructions) 10
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
					00	, tarriirii oti ator 5	telephone number
4 If the r	name and/or EIN of the p	plan sponsor has changed since the	a last return/report filed fo	n their miner and an their	1h	LINI	
			s last return report filed re	r this plan, enter the	4b	□IIN	
		per from the last return/report.	c last return/report med re	r this plan, enter the			
a Sponso	or's name	per from the last return/report.	·	·	4c		
a Sponso	or's name		·	·			5
a Sponso5a Total rb Total r	or's name number of participants at number of participants at	the beginning of the plan year			4c		5 3
a Sponso5a Total rb Total rc Numbo	or's name number of participants at number of participants at er of participants with ac	the beginning of the plan year	e plan year (defined bene	fit plans do not	4c 5a		
a Sponso5a Total rb Total rc Number compl	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the	e plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	3
 a Sponso b Total r c Numbo compl 6a Were b Are yo 	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the surface during the plan year invested in eligne annual examination and report of	e plan year (defined bene ible assets? (See instruction	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c	PN	3 X Yes No
 a Sponso b Total r c Number complete 6a Were b Are younder 	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the suring the plan year invested in eligne annual examination and report of See instructions on waiver eligibility	e plan year (defined bene ible assets? (See instruc of an independent qualifie y and conditions.)	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c	PN	3
 a Sponso b Total r c Number complement 6a Were b Are younder if you 	number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the during the plan year invested in eligine annual examination and report of See instructions on waiver eligibilitier line 6a or line 6b, the plan car	e plan year (defined bene ible assets? (See instruction of an independent qualifier y and conditions.)	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c 5c	PN	3 X Yes No X Yes No
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a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A	number of participants at number of participants at er of participants with acted this item)	the beginning of the plan year the end of the plan year count balances as of the end of the during the plan year invested in eligine annual examination and report of See instructions on waiver eligibilitier line 6a or line 6b, the plan car	e plan year (defined bene ible assets? (See instruction of an independent qualifier y and conditions.)	fit plans do not tions.)d public accountant (IQF and must instead use I ERISA section 4021)?	4c 5a 5b 5c 	PN 5500. Yes No established.	3 X Yes No X Yes No Not determined
a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Scheen	number of participants at number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eliging an ennual examination and report of See instructions on waiver eligibility are line 6a or line 6b, the plan carplan, is it covered under the PBGC incomplete filing of this return/rer penalties set forth in the instruction signed by an enrolled actuary, as well as the plan that is the plan in the instruction signed by an enrolled actuary, as well as the plan year.	e plan year (defined bene ible assets? (See instruction of an independent qualifier y and conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cauexamined this return/rep	4c 5a 5b 5c PA) Form se is cort, in	PN 5500. Yes No established. Including, if applic	3 X Yes No X Yes No Not determined
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Form 5500-SF 2013 Page **2**

Do	rt III Financial Information									
7			() 5				<i>a</i> > - .	• • • •		
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End			
	Total plan assets	7a		0				17	78957 0	
	Total plan liabilities	7b	12261					17		
	Net plan assets (subtract line 7b from line 7a)	7c		4					8957	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	4539	8						
	(2) Participants	8a(2)	357	3						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1477	1						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	3742	
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	739							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0						
<u>g</u>	Other expenses	. 8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7399	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						5	6343	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amoι	ınt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest 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										
	insurance service, or other organization that provides some or all instructions.)		. ,	10e	X					56
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
g				10g		X				
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 require	d notice or one of the	10i						
Part							ı			
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	X No
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a			103	A INO
12	·		,				FRISA?	П	Yes	X No
14	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 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	enter th	ne date of the	ne lett	er rulii	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year					12b				

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	14b Trust'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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

P	art I Annual Report	Identification Information						
_	calendar plan year 2013 or fis		01/01/2013	and ending	12/31/201	3		
	This return/report is for:	x a single-employer plan		plan (not multiemployer)				
	This return/report is:	the first return/report	the final return/report		☐ a one-pa	rticipant platt		
_	The retains report is:	an amended return/report	-		th \			
_	0) 11 7500		H	rn/report (less than 12 m	· —			
C	Check box if filing under:	Form 5558	automatic extension		☐ DFVC pr	ogram		
Pr -	Decorated of	special extension (enter descri						
		ormation enter all requested i	information					
1a	Name of plan				1b Three-digit plan number	,,		
	Trustinus Benefits	, Inc. 401(k) Plan			(PN) ►	001		
					1c Effective da	ite of plan		
					01/01/20	007		
2a	Plan sponsor's name and ad Trustinus Benefits	ddress; include room or suite numb , Inc.	er (employer, if for a single	e-employer plan)	2b Employer Id (EIN) 20-	dentification Number -2964363		
					2c Sponsor's t	elephone number		
	535 Dock St.					ode (see instructions)		
US	Suite 113 Tacoma	WA 98402-4629			524210	ode (see instructions)		
		and address X Same as Plan Spo	onsor Name Same as	Plan Sponsor Address	3b Administrat	or's EIN		
						010 2111		
					3c Administrat	or's telephone number		
					JC Administrat	ors relephone number		
4		ne plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN			
а	Sponsor's name	'			4c PN			
5a	Total number of participants	at the beginning of the plan year		***************************************	5a	5		
b		at the end of the plan year			5b	3		
С		account balances as of the end of t			5c	3		
6a		s during the plan year invested in el				X Yes No		
b	Are you claiming a waiver of	f the annual examination and report	t of an independent qualifie	ed public accountant (IQI	PA)	• — —		
		? (See instructions on waiver eligibi			•	X Yes No		
	If you answered "No" to ei	ither line 6a or line 6b, the plan ca						
С	If the plan is a defined bene-	fit plan, is it covered under the PBG	GC insurance program (see	ERISA section 4021)?	Yes	No Not determined		
Ca	aution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car	use is establishe	d.		
		other penalties set forth in the instru-						
SE	B or Schedule MB completed a lief, it is true, correct, and con	and signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/repor	rt, and to the best of	of my knowledge and		
S	ign Haw Wh	itor		Lloyd G. Whiton				
Н	ERE Signature of plan adn	ninistrator	Date 4/5/14	Enter name of individua	al signing as plan a	dministrator		
	ign	-						
170.02	ERE Signature of employe	r/plan sponsor	Date	Enter name of individua	al signing as emplo	ver or plan sponsor		
Pr		name, if applicable) and address; ir				one number (optional)		
	, ,			(-,		(

Pa	rt III Financial Information								·····
	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End o	f Year	
а	Total plan assets	7a	122,6	 14	178,95				957
b	Total plan liabilities	7b	·	0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	122,6	14				178,	957
	Income, Expenses, and Transfers for this Plan Year	15.00	(a) Amount		(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)	45,3	98	5-000 1 1200 1 2000 1				
	(2) Participants	8a(2)	3,5	73					
	(3) Others (including rollovers)	8a(3)		0	14.7				
b	Other income (loss)	8b	14,7	71				Page Mark	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			ă.			63,	742
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7,3	99					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0	14171.5	1241			
g	Other expenses	8g		0					
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7,	399
i	Net income (loss) (subtract line 8h from line 8c)	8i		T VIII				56,	343
j	Transfers to (from) the plan (see instructions)	8j		0	a filiability	Warii.	21. Z. 8.		
Pa	rt IV Plan Characteristics				- Landa de la companya de la company				
() () () () () () () () () ()	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Characte	eristic	Codes	s in the	e instructio	ns:	
10	During the plan year:				Yes	No	,	Amount	
a 	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е		ner persons of the bene	s by an insurance carrier, efits under the plan? (See	10e	х				56
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g		х	-		
h		See instru	ctions and 29 CFR	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 2520.101	ne required	I notice or one of the	10i					
Par	unessure!			101	I				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					ule SE	3 (Form	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fro					11a		1	
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	☐ Yes	X No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amortize	ed in this plan year, see instruc	tions,	and e	nter th		ne letter ru Year	ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forr	n 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		••••••		T	12b			

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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 length 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	0
	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 brough 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 which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust		14b T	rust's EIN	