		Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110			
_	rm 5500-SF	Short Form Annua	Benefit Plan				1210-0089			
Inte	Department of Labor	This form is required to be filed Income Security Act of 1974 (Internal						
	Benefits Security Administration		Revenue Code (the Code		internal		orm is Open to			
Pension B	Benefit Guaranty Corporation	uctions to the Form 5	Public Inspection							
Part I	Annual Report	Identification Information								
For calence	dar plan year 2014 or fis		14	and ending 12	/31/2014					
	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) B This return/report is the first return/report the first return/report a a amended return/report a short plan year return/report (less than 12 months)									
C Check	heck box if filing under: Image: Special extension (enter description)									
		rmation—enter all requested info	rmation		16 Thu	a aliait				
1a Name	S BENEFITS, INC. 401((K) PLAN			1b Thre plar	number				
					(PN		001			
					1c Effe	ctive date of 01/01	•			
	sponsor's name and add S BENEFITS, INC.	dress; include room or suite number	r (employer, if for a single-	employer plan)		Employer Identification Number EIN) 20-2964363				
535 DOCK 9	ST				2c Spo	hone number 4-2777				
535 DOCK ST. SUITE 113 TACOMA, WA 98402-4629						usiness code (see instructions)				
3a Plan administrator's name and address Same as Plan Sponsor.					26.41	524210 b Administrator's EIN				
3c Administrator's telephone number										
		e plan sponsor has changed since the nber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN					
·	sor's name				4c PN	1				
5a Total	number of participants a	at the beginning of the plan year			5a		3			
b Total	number of participants a	at the end of the plan year			5b		1			
		account balances as of the end of th		•	5c		1			
.,		ticipants at the beginning of the plan			5d(1)	0				
d(2) ⊺o	tal number of active par	rticipants at the end of the plan year			5d(2)	0				
		rminated employment during the pla			5e	5e				
Caution:	A penalty for the late c	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is esta	blished.				
SB or Sch		ner penalties set forth in the instructi nd signed by an enrolled actuary, as plete								
SIGN		valid electronic signature.	10/13/2015	LLOYD G. WHITON						
HERE	Signature of plan administrator Date Ente		Enter name of individ	name of individual signing as plan administrator						
SIGN HERE	Signature of omnio	ver/plan sponsor	Date	Enter name of individ	ual cianina	ac omploye	r or plan sponsor			
Preparer's	Signature of employ name (including firm na	ame, if applicable) and address (inc		Enter name of individ r) (optional)			number (optional)			
	, <u>.</u>					.,	(-1			

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
C	If the plan is a defined benefit plan, is it covered under the PBGC in									
	t III Financial Information									
7			(a) Designing of Ver		Т		(h) Find of Voor			
	Plan Assets and Liabilities	7a	(a) Beginning of Yea		+	(b) End of Year 12414				
<u>a</u> b	Total plan assets Total plan liabilities	7a 7b		0	+		0			
	Net plan assets (subtract line 7b from line 7a)	70 70	1789	957			12414			
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount							
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	111	87						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		11187			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1777	730						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					177730			
	Net income (loss) (subtract line 8h from line 8c)	8i					-166543			
÷	Transfers to (from) the plan (see instructions)	8i								
Pa	t IV Plan Characteristics	oj								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
•••	2A 2E 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:			
_										
Par					Y.	N				
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	tiono withi	a the time period described in		Yes	No	Amount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest									
	on line 10a.)			10b		Х				
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	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)			10e	X		250			
f				10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						Х				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th			10h		^				
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
	Part VI Pension Funding Compliance									
11	11 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). Image: Complete Schedule SB (Form Schedule									
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39	<u>.</u> .		11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)							
a	If a waiver of the minimum funding standard for a prior year is bein	na amortizi	ed in this plan year see instru	rtions	ande	onter th	e date of the letter ruling			

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
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?	X	Yes No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
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): 1	3 c(2) El	IN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)			•		
14a	Name of trust	14b Trust's EIN				

	n 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089						
	nent of the Treasury I Revenue Service	This form is required to be file	etirement	2014					
Employee Ben	artment of Labor efits Security Administration	 Income Security Act of 1974 	Internal	This Form is Open to					
Pension Ben	500-SF.	Public Inspection							
For calendar	31/2014								
	plan your 2014 of ha	X a single-employer plan	$\frac{01/01/2014}{2}$	and ending					
A This return/report is for: a one-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions) a foreign plan									
R This return	This return/report is								
		an amended return/report a short plan year return/report (less than 12 months)							
C Check bo	ox if filing under:	X Form 5558	automatic extension			-VC program			
	-	special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation-enter all requested inf	ormation						
1a Name of				······	1b Three	e-digit			
TRUSTINU	JS BENEFITS,	INC. 401(K) PLAN			plan (PN)	number 001			
					1c Effec	tive date of plan			
	onsor's name and add 15 Benefits,	dress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Empl	oyer Identification Number			
	-					20-2964363 Isor's telephone number			
535 Docl						-544-2777			
Suite 13	13		0			ess code (see instructions)			
Tacoma	ninistrator's name an	WA 98402-462 d address XSame as Plan Spons	-		524210 3b Administrator's EIN				
4 If the na	me and/or FIN of the	plan sponsor has changed since t	he last return/report filed f	or this plan, ontor the		nistrator's telephone number			
name, E	EIN, and the plan nun	ber from the last return/report.	ne last return report filed f	or this plan, enter the	4b EIN				
a Sponsor		at the beginning of the plan year			4C PN				
					5a	3			
		at the end of the plan year			5b	1			
complete	e this item)	account balances as of the end of t			5c	1			
		ticipants at the beginning of the pla			5d(1)	0			
		ticipants at the end of the plan yea			5d(2)	0			
		rminated employment during the pl			5e	0			
Caution: A p	penalty for the late of	r incomplete filing of this return	/report will be assessed	unless reasonable cau	se is establ	lished.			
Under penalt SB or Sched	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.								
SIGN	Alad W	iton	19/9/15	Lloyd G. White	on				
HERE Signature of plan administrator Date Enter name of individu					ual signing a	s plan administrator			
SIGN HERE									
NERE Signature of employer/plan sponsor Date Enter name of individu Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Image: Comparison of the sponsor individual comparison of the sponsor individu						s employer or plan sponsor telephone number (optional)			
For Paperwor	k Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500-	SE		Form 5500-SF (2014)			

-	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accounta	nt (IQ	PA)				X Ye:] No] No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannel		· ·					ļ	X Ye	s L	
с	If the plan is a defined benefit plan, is it covered under the PBGC in						ΠΝοΓ	٦N	ot dete	rmir	ned
	rt III Financial Information				······ [1.00					
<u>га</u> 7							· · · · -				
	Plan Assets and Liabilities	n na hkaka	(a) Beginning of Yea				(b) End	d of	Year		
	Total plan assets	7a	<u>ل</u>	7895						1.	2414
	Total plan liabilities	7b		7005	0						0
	Net plan assets (subtract line 7b from line 7a)	7c		7895	57					12	2414
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		- 2.		(b)	Tota	l <u>l</u>		
a	Contributions received or receivable from: (1) Employers	8a(1)			0						
	(2) Participants	8a(2)			0			ig the b	at in		
	(3) Others (including rollovers)	8a(3)			0		성명하는	4	eri e i r	11	
b	Other income (loss)	8b		1118	37	panga.		ny it.	ang sa	a de	. 174.
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			194 1					1:	1187
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	7773	30 ¹						
е	Certain deemed and/or corrective distributions (see instructions)	8e							5 - S.		
f	Administrative service providers (salaries, fees, commissions)	8f									a agar Kitiya
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								17	7730
i	Net income (loss) (subtract line 8h from line 8c)	8i							-	166	5543
j	Transfers to (from) the plan (see instructions)	8j								1.1.2	
Pa	t IV Plan Characteristics				Ii						
	If the plan provides pension benefits, enter the applicable pension in 2A 2E 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctior	IS:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cterist	ic Cod	es in tl	ne instruc	tions	5:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		٨٣	nount		
	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in						iount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		X					
L.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х					
C	Was the plan covered by a fidelity bond?			10c		Х					
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all			40.	х						250
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e 10f		x					2.50
c				101 10g		x					
ŀ	If this is an individual account plan, was there a blackout period? (See instru	uctions and 29 CFR			x				·	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	ne required	d notice or one of the	10h							
Dor	exceptions to providing the notice applied under 29 CFR 2520.107	1-3		10i			and an official sectors of the sector of the				
Par 11	Is this a defined benefit plan subject to minimum funding requirem							—			
4.4	5500) and line 11a below)								Yes	5	No
	Enter the unpaid minimum required contribution for current year fr					11a		T F	٦		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of I	ERISA?		Yes	s X	No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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lf	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	(enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding			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?		Х	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	nis year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		ie control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan	s) to		
1	3c(1) Name of plan(s):		13c(2) i	ElN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				•
14a	Name of trust		14b	Trust's EIN	

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