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

2011

This Form is Open to Public Inspection

		ance witi	n the instructions to the Form 55	JU-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/2	011
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	n year return/report (less than 12 n	nonths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		L	
Da	art II Basic Plan Information—enter all requested informa				
	Name of plan	alion		1h	Three-digit
	SALES, INC. 401K PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
					01/01/2008
	Plan sponsor's name and address; include room or suite number (er SALES, INC.	mployer, if	for a single-employer plan)		Employer Identification Number
FKO	SALLS, INC.			-	(EIN) 91-1286037
				2c	Sponsor's telephone number 253-852-6046
	B STREET NW JRN, WA 98001			24	
AUDI	JKN, WA 90001			Zu	Business code (see instructions) 423400
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN
	SALES, INC. 4230 B STRE	ET NW	.)		91-1286037
	AUBURN, WA	A 98001		3c	Administrator's telephone number
				1	253-852-6046
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a				_	23
b	Total number of participants at the end of the plan year			- Ou	25
				ac	20
С	Number of participants with account balances as of the end of the p complete this item)	• ,	•	5c	7
6a	Were all of the plan's assets during the plan year invested in eligible	e 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		•		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information				
1	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year 121058
а	Total plan assets		109365		121036
b	Total plan liabilities	7b	400005		404050
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	109365		121058
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			
		8a(2)	15068		
			.0000		
h	(3) Others (including rollovers)	8a(3)	-2893		
b	Other income (loss)		2000		12175
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			12173
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	482		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			482
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			11693
j	Transfers to (from) the plan (see instructions)				

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Part IV	Plan	Characteristics

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amoı	ınt	
а	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				
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?	10c		X				
d	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				
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				
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							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
12	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. Mon	th						
-	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year			120 12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
_	negative amount)				Yes	No	, \sqcap	N/A
Part								
	Has a resolution to terminate the plan been adopted in any plan year?			П	′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			ntrol				
	of the PBGC?					Ш	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.)	he plai	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13	3c(3)	PN(s)
Cauti	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 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.

SIGN	Filed with authorized/valid electronic signature.	04/11/2012	CHRIS WOOD
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 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Repor	t Identification Information		the metruet	iono to the romrood	<i>-</i>		
Fo	calendar plan year 2011 or	fiscal plan year beginning	01/01/	2011	and ending		12/31/2011	
Α	This return/report is for:	X a single-employer plan] a multipl	e-employer pla	n (not multiemployer)		a one-particip	ant plan
В	This return/report is:	the first return/report	the final	return/report			_	
		an amended return/report	a short p	an year return/	report (less than 12 mo	onths)		
С	Check box if filing under:	Form 5558	automat	c extension			DFVC prograr	n
		special extension (enter descripti	on)			•	_	
P	art II Basic Plan Inf	ormation—enter all requested inform	nation					
	Name of plan					1b	Three-digit	
PR	O SALES, INC. 401	K PLAN					plan number (PN)	01
							Effective date of	
							01/01/2008	piati
2a	Plan sponsor's name and a O SALES, INC.	ddress; include room or suite number (e	employer, i	f for a single-er	nployer plan)		Employer Identifi	
	30 B STREET NW						(EIN) 91-1286	
							Sponsor's teleph 253 - 852 - 60	
ΑU	BURN	WA 98001					Business code (s	
							423400	,,
3a PF	Plan administrator's name a	and address (if same as plan sponsor, e	nter "Sam	e")			Administrator's E	IN
42	30 B STREET NW						91-1286037 Administrator's te	lenhone number
	JBURN	WA 98001					253-852-60	46
4	If the name and/or EIN of the name, EIN, and the plan no	ne plan sponsor has changed since the umber from the last return/report.	last return.	report filed for	this plan, enter the	4b	EIN	*******
а	Sponsor's name					4c	PN	
5a	Total number of participant	s at the beginning of the plan year				5a		23
b	b Total number of participants at the end of the plan year					5b		25
С	Number of participants with	account balances as of the end of the	plan year (defined benefit	plans do not	F		7
ĥа		ts during the plan year invested in eligit				5c		X Yes No
		of the annual examination and report of					••••••	₩ les Mo
	under 29 CFR 2520.104-46	6? (See instructions on waiver eligibility	and condit	ions.)				X Yes No
Pa	rt III Financial Info	either 6a or 6b, the plan cannot use F	orm 5500	SF and must i	nstead use Form 550	0.		
7	Plan Assets and Liabilities	mation	Total Indian	(a) Da	-in-in- of V		/L\ = - 1 -	F.V
-			. 7a	(a) BE	ginning of Year 10936	_	(b) End o	<u>121058</u>
_	Total plan liabilities		7b		10000	1		121036
С	Net plan assets (subtract lin	ne 7b from line 7a)	7c		10936	5		121058
8	Income, Expenses, and Tra	ansfers for this Plan Year		(a	ı) Amount		(b) To	
а	Contributions received or re			,				
			8a(1)		1506	_		
	•	ore)	8a(2)		1506	벌		
b		ers)	8a(3) 8b		200	1		
		1), 8a(2), 8a(3), and 8b)	8c		-289) 		12175
d	Benefits paid (including dire	ect rollovers and insurance premiums	30	Helphone Australian Control		2000		121/3
_	to provide benefits)		. 8d		482	2		
-		rective distributions (see instructions)	8e		***************************************			
t ~		iders (salaries, fees, commissions)				-		
g h		d, 8e, 8f, and 8g)				e e e e e e e e e e e e e e e e e e e		
i		line 8h from line 8c)		STATES SALE				11602
j		(see instructions)			r ja katura dengan kalingi pilipining seli			11693
-	,, p.a		8j	L		FAVETA		PREARCH CONTRACTOR

-				
Form	5500	S-	201	1

Page	2	-	

	Page 2 -	_					
Pa	tiV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $2E\ 2F\ 2G\ 2J\ 2K\ 3D$	acteri	stic Co	odes ir	n the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	les in	the instru	ıctions:	
Par	V Compliance Questions						
10	During the plan year:		V	l N-	т		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	Γ	Yes	No		Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
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		Х			
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			 		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			X			
j	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h					
Part	exceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance	10i					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nloto S	Sabad.	de CD	. /	 	
						. Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	tion 3	02 of I	ERISA?.	. Yes	X No
а	(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 instruc	tions, : h	and ei	nter th Dav	e date of	the letter ru	ling
,	of Schedule MB (Form 5500), and skip to line 13.					. car	
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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c		. [12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes	No [N/A
Part \	Plan Terminations and Transfers of Assets						<u></u>
13a	las a resolution to terminate the plan been adopted in any plan year?		Ī	Y	es X	 No	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13	`				1
b	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			itrol		∏ Ves	X No
C	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the phich assets or liabilities were transferred. (See instructions.)	e plan(s) to	••••		□ 103	E 140
13	c(1) Name of plan(s):		13c	(2) EIN	V(s)	13c(3)	PN(s)
				<u> </u>	-(-)	100(0)	, 11(0)
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable		o ic s	néa h I i			
Under SB or S	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re- is true, correct, and complete.			1 1*	., .,	able, a Sche knowledge	dule and
SIGN	(In X, NW) 46/17 CHRIS WOOD	·					7
HERE	Signature of plan administrator Date Enter name of ind	hidus	Lainni				

Sign CHRIS WOOD

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