## 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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instr	uctions to the Form 550	0-SF.			
Part I		Identification Information						
For calenda	ar plan year 2012 or f	iscal plan year beginning 01/01/20	12	and ending 1	12/31/2	2012		
	turn/report is for:	X a single-employer plan     ☐ the first return/report	a multiple-employer the final return/repor	plan (not multiemployer)		a one-particip	oant plan	
	•	an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Chack I	box if filing under:	X Form 5558	automatic extension		,	DFVC progra	am	
• Check	box ii iiiiiig under.	special extension (enter descript						
Dort II	Pagia Blan Infe							
Part II		ormation—enter all requested inform	mation		1h	Thurs dist	1	
1a Name	or pian 5, INC. 401K PLAN				ID	Three-digit plan number		
T NO OALLO	, IIVO. FOTICT LAIV					(PN) ▶	001	
					1c	Effective date o	f plan	
						01/01	/2008	
2a Plan sp PRO SALES		ddress; include room or suite number (	employer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 91-12	fication Number 86037	
4230 B STR	EET NW				2c	Sponsor's telep		
AUBURN, W	/A 98001				2d	Business code (	(see instructions)	)
<b>3a</b> Plan a		and address Same as Plan Sponsor	_	an Sponsor Address	3b	Administrator's 91-12	EIN 286037	
NO SALLO,	iivo.	AUBURN, W			3с	Administrator's 1 253-852	telephone numbe 2-6046	er
		ne plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b	EIN		
	, EIN, and the plan hu or's name	imber from the last return/report.			4c	DNI		
		s at the beginning of the plan year			5a	1		25
		s at the end of the plan year				+		
					5b			23
		account balances as of the end of the	• •	•	5c			5
	•	ts during the plan year invested in eligi			1		X Yes	No
_		of the annual examination and report o						
•	•	6? (See instructions on waiver eligibility			,		X Yes	No
If you	answered "No" to e	either line 6a or line 6b, the plan can	not use Form 5500-S	F and must instead use	Form	5500.		
Caution: A	penalty for the late	or incomplete filing of this return/re	eport will be assesse	d unless reasonable cau	ıse is	established.		
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as wellete.						
SIGN	Filed with authorized	l/valid electronic signature.	09/13/2013	CHRIS WOOD				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator	
SIGN								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual sin	ning as employe	er or plan sponso	nr
Preparer's		name, if applicable) and address; inclu					number (optiona	
·	, •			,		·		ŕ

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Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of Y	ear	
a	Total plan assets	7a	12105				(,		14086	5
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	12105	58		140865			5	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Total		
	Contributions received or receivable from:		(1)							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	921	8						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	1802	25						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27243	}
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	743	6						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							743	6
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1980	7
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Code	es in	the inst	ructions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Code:	s in t	he instru	ctions:		
Part	V Compliance Questions									
10	During the plan year:			1	Yes	No		Λ	ount	
a				10a	100	X		AIII	ount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a		X				
				10b		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd that was caused by fraud	100						
	or dishonesty?			10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f						
<u>g</u>			<u>,                                      </u>	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П No
11a						1a		-   _		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30	2 of	ERISA?	<u></u> ] [	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
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			ter th Day	ne date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year				1	2b				

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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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	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 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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information				
For calend	<del></del>	01/01/2012	and ending	12/31/2012	
A This re	eturn/report is for:	a multiple-employer	plan (not multiemployer)	a one-participant plan	
B This re	eturn/report is:	the final return/report		a one-participant plan	
	an amended return/report	Ξ .	rn/report (less than 12 m	onths)	
C Check	box if filing under: X Form 5558	automatic extension	maroport (1865 than 12 m)	´_	
	special extension (enter descrip			DFVC program	
Part II	Basic Plan Information—enter all requested infor				
1a Name		madon		1h There !! !!	
	LES, INC. 401K PLAN			<b>1b</b> Three-digit plan number	
				(PN) D001	
			180	1c Effective date of plan 01/01/2008	
2a Plans	ponsor's name and address; include room or suite number	(employer, if for a single	e-employer plan)	2b Employer Identification Nu	umber
PRO SA	LES, INC.			(EIN) 91-1286037	
4230 B	STREET NW			2c Sponsor's telephone num	ber
	*			253-852-6046	
AUBURN	WA 98001			2d Business code (see instru 423400	ctions)
3a Plan a	dministrator's name and address Same as Plan Sponsor	r Name Same as Pla	n Sponsor Address	3b Administrator's EIN	
PRO SA	LES, INC.		5407 1617 650 • COMES PRINCES FOR \$1.55 TO REPORT UP FOR \$1.50 SERVICE \$100.00	91-1286037	
				3c Administrator's telephone	number
4230 B	STREET NW			253-852-6046	
AUBURN	WA 98001		***		
4 If the	name and/or EIN of the plan sponsor has changed since the , EIN, and the plan number from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN	
	or's name			40 50	
	number of participants at the beginning of the plan year			4c PN	
	number of participants at the end of the plan year			5a	25
	er of participants with account balances as of the end of the			5b	23
compl	ete this item)			5c	5
6a Were	all of the plan's assets during the plan year invested in elig	ible assets? (See instruc	ctions.)	X Yes	s No
under	ou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility	of an independent qualific	ed public accountant (IQF	PA)	
lf you	answered "No" to either line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500	s   No
	penalty for the late or incomplete filing of this return/re				
Under pena	alties of perjury and other penalties set forth in the instruction	one I declare that I have	avaminad this return/		nodulo
OD OF COME	dule MB completed and signed by an enrolled actuary, as variety, correct, and complete.	well as the electronic ver	rsion of this return/report,	and to the best of my knowledge	e and
	A A Something the something the sound of the				
SIGN	Cluss A Who	9/11/13	CHRIS WOOD		
HERE	Signature of plan administrator	Pate	Enter name of individu	ual signing as plan administrator	
SIGN				an organist do plan duministrator	
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sp	
Preparer's	name (including firm name, if applicable) and address; inclu	ude room or suite numbe	er (optional)	Preparer's telephone number (o	onsor otional)
				,	F.1011011
			-		

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	. 7a	1:	2105	8		140865
b	Total plan liabilities	. 7b					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	1:	2105	8		140865
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	. 8a(2)		921	.8		
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b		1802	5		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					27243
d	Benefits paid (including direct rollovers and insurance premiums			743			
	to provide benefits)	. 8d		743	6		
	Certain deemed and/or corrective distributions (see instructions)	8e					
0.4000	Administrative service providers (salaries, fees, commissions)	. 8f					
	Other expenses	. 8g			-		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		7436
	Net income (loss) (subtract line 8h from line 8c)						19807
		8j					
	t IV   Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	teature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Cod	es in i	the instructions:
							ino matractions,
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within uciary Corr	n the time period described in ection Program)	10a		Х	1 (8)
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	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?	fidelity bo	nd, that was caused by fraud	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)	ner persons	s by an insurance carrier, efits under the plan? (See	10e		х	0
f	Has the plan failed to provide any benefit when due under the pla				-	v	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f 10g		X	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
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	notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SE	3 (Form Yes No
11a	Enter the amount from Schedule SB line 39					11a	100 110
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,					01	Ertich:   Tes p 140
	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	ctions,	and e	nter th	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	
					_		

	į k							
9.*	Form 5500-SF 2012	age <b>3</b> -						
			<del></del>					
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 (ent negative amount)	er a minus sign to the left of a	40-1					
	Will the minimum funding amount reported on line 12d be met by the funding dea			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 y	ear						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or brought under t	ne control		☐ Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)		(s) to			<u> </u>		
1:	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)		
10 10								
		,						
Part '	VIII Trust Information (optional)							
AAa.u.					14b Trust's EIN			
		<del> </del>						