Fo	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	OMB Nos. 1210-0 1210-0				
	rtment of the Treasury rnal Revenue Service	This form is required to be fil					2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058(a			s Open to Public		
Pension B	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 5500	-SF.	Ins	spection		
Part I		entification Information							
For calend	ar plan year 2013 or fisca)13	and ending 12	2/31/2	013			
	turn/report is for:	a single-employer plan the first return/report	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This re	turn/report is:			/rapart (lass than 12 may	ntha)				
•		an amended return/report		n/report (less than 12 mor	ntns)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
Part II	Basic Blan Inform	special extension (enter descript nation—enter all requested inform	,						
1a Name		nation —enter all requested infor	mation		1h	Three-digit			
	S, INC. 401K PLAN					plan number			
	,					(PN) 🕨	001		
					1c	Effective date o			
		ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi	/2008 fication Number		
PRO SALE	S, INC.			_			286037		
917 VALLE					20	Sponsor's telep 253-85			
PUYALLUP	, WA 98371				2d	Business code ((see instructions)		
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b Administrator's EIN 91-1286037				
RO SALES,	INC.	917 VALLEY PUYALLUP,		_	30		telephone number		
		lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN			
a Spons	or's name	•			4c	PN			
5a Total	number of participants at	the beginning of the plan year			5a		24		
b Total	number of participants at	the end of the plan year			5b		0		
		count balances as of the end of the			5c		0		
6a Were	all of the plan's assets d	uring the plan year invested in elig	ible assets? (See instruct	tions.)			X Yes 🗌 No		
b Are y	ou claiming a waiver of th	e annual examination and report o	of an independent qualifie	d public accountant (IQP	A)				
		See instructions on waiver eligibilit er line 6a or line 6b, the plan car					X Yes No		
-		blan, is it covered under the PBGC					Not determined		
		incomplete filing of this return/re					<u></u>		
		r penalties set forth in the instruction	•				able a Schedule		
SB or Sch		signed by an enrolled actuary, as							
SIGN	Filed with authorized/va	lid electronic signature.	01/15/2014	CHRIS WOOD					
HERE	Signature of plan adm	dual signing as plan administrator							
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individua	al sig	ning as employe	er or plan sponsor		
Preparer's	name (including firm nam	ne, if applicable) and address; inclu	ude room or suite number	r (optional)	Prepa	arer's telephone	number (optional)		
				F					

Par	t III Financial Information	_	-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	. 7a	14086	5					0		
b	Total plan liabilities	7b	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	14086	5			0				
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)	1543	8							
	(2) Participants (including rollovers)	8a(3)		•							
b	Others (including followers) Oa(5) her income (loss) 8b 288										
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44249		
	Benefits paid (including direct rollovers and insurance premiums	. 00							11210		
	to provide benefits)	8d	18232	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e	260	6							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	18	8							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	85114		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	40865		
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	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instrue	ctions	:		
	2E 2F 2G 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Cod	les in t	he instruct	ions:			
Part	V Compliance Questions										
10	During the plan year:			I	Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in						Junt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	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										
	insurance service, or other organization that provides some or all		• •	100		х					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla			10f							
g		-		10g		Х					
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 th			1011							
-	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	Π	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				<u> </u>	
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 amortiz	ed in this plan year, see instruc		and e	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Duy		100			
-	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			
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 Y	′es	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		X Yes	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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

	rm 5500-SF	yee	OMB Nos. 1210-0110 1210-0089								
	artment of the Treasury mal Revenue Service	This form is required to be	Benefit Plan filed under sections 104 a	and 4065 of the Employe	e	2013					
	epartment of Labor Benefils Security Administration	Retirement Income Security Ac the Inte	t of 1974 (ERISA), and se mal Revenue Code (the 0	ections 6057(b) and 6058 Code).	B(a) of	This Form is Open to Public					
	enefit Guaranty Corporation	Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	Inspection					
Part I For calend	Annual Report Ic lar plan year 2013 or fisc	entification Information	01/01/2013	and ending		2/21/2012					
		X a single-employer plan		lan (not multiemployer)	er) a one-participant plan						
	turn/report is:	the first return/report	X the final return/report	(not manomployor)	L	a one-participant plan					
	[an amended return/report	a short plan year retur	m/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension] DFVC program					
Devit II	Deals Diverse	special extension (enter descri									
Part II 1a Name		nation—enter all requested info	ormation		1h T	hree-digit					
	LES, INC. 401K	PLAN				lan number					
						PN) 001					
2				£		ffective date of plan 1/01/2008					
2a Plans PRO SA	ponsor's name and addr LES,INC.	ess; include room or suite number	r (employer, if for a single	-employer plan)	(E	mployer Identification Number EIN) 91-1286037					
917 VA	LLEY AVE NW					ponsor's telephone number 53-852-6046					
PUYALL	UP	WA 98371				usiness code (see instructions) 23400					
	dministrator's name and	address Same as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b A	dministrator's EIN					
PRO SA	LES, INC.					dministrator's telephone number					
917 VA	LLEY AVE NW		Υ.		2 Contract	53-852-6046					
PUYALL	UP	WA 98371									
name	, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	ne last return/report filed for	or this plan, enter the	4b E	EIN					
LINES THE SECOND STREET	or's name	the beginning of the plan year			4c P	N					
		the end of the plan year			5a	24					
		count balances as of the end of th			5b	0					
comp	lete this item)				5c	0					
ba Were	all of the plan's assets d	uring the plan year invested in eligen and report and report	gible assets? (See instruc	tions.)		X Yes 🗌 No					
under	29 CFR 2520.104-46? (See instructions on waiver eligibili	ty and conditions.)		, 	X Yes No					
		er line 6a or line 6b, the plan ca plan, is it covered under the PBGC									
			(4)								
		incomplete filing of this return/ penalties set forth in the instructi									
SB or Sche	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report,	, and to	the best of my knowledge and					
SIGN	Climo X.	Whit	1914	CHRIS WOOD							
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual signii	ng as plan administrator					
SIGN HERE											
	Signature of employe		Date	Enter name of individu	ual signin	ng as employer or plan sponsor					
i reputer e	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)										
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the i	instructions for Form 5500-	 SF.		Form 5500-SE (2013)					

Part	III Financial Information							
7 F	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) En	d of Year	
a T	otal plan assets	7a		10865	5			
bт	otal plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	14	10865	5	100	0	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			(h)	Total	
	Contributions received or receivable from:					(5)	Total	
(1) Employers	8a(1)						
(2	2) Participants	8a(2)	1	L5438	3			
(3) Others (including rollovers)	8a(3)						
bc	Other income (loss)	8b	2	28811				
СТ	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4424
	Benefits paid (including direct rollovers and insurance premiums		1.0					
	o provide benefits)	8d	51 	32320				
	Certain deemed and/or corrective distributions (see instructions)	8e	Y	2606	5			
f A	Administrative service providers (salaries, fees, commissions)	8f						
g c	Other expenses	8g		188	3			
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						18511
i N	Vet income (loss) (subtract line 8h from line 8c)	8i						-14086
jт	ransfers to (from) the plan (see instructions)	8j						
Part	IV Plan Characteristics							
b		ature code:	s from the List of Plan Charac	cteristic	Codes i	n the instru	ctions:	
Part			s from the List of Plan Charac	teristic	Codes	n the instru-	ctions:	
Part ` 10	V Compliance Questions During the plan year:				Yes No		Amoun	t
Part 1 10 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within ciary Corre	the time period described in ction Program)			2		t
Part 1 10 a b	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within ciary Corre ? (Do not in	the time period described in ction Program) clude transactions reported	^	Yes No			t
Part 1 10 a b	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ions within ciary Corre ? (Do not in	the time period described in ction Program) clude transactions reported	10a	Yes No			t
Part 10 a b c d	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's Did the plan have a loss	ions within ciary Corre ? (Do not in fidelity bond	the time period described in ction Program) clude transactions reported d, that was caused by fraud	10a 10b	Yes No			t
Part 1 10 a b c d e	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c	Yes No X X X			t
Part 1 10 a b c d e	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all other provides some or all	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes No			t
Part 1 10 a b c d e	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e 10f	Yes No X X X X X X			t
Part 1 10 a b c d e f g h	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10d	Yes No X X X X X X X X X			t
Part 1 10 a b c d d e f f g h	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10d 10e 10f 10g	Yes No X X X X X X X X X X X X X X X X X X X			t
Part 1 10 a b c d d e f f g h	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10d 10e 10f 10g 10h	Yes No X X X X X X X X X X X X X X X X X X X			t
Part 1 10 a b c d e f g h i Part 1 11	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc e required in I-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes No X X X X X X X X X X X X X X X X X X X	SB (Form	Amoun	
Part 1 10 a b c d e f g h i Part 1 11	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc le required I-3 ents? (If "Ye	the time period described in ction Program)	10a 10b 10c 10d 10d 10d 10g 10g 10h 10h 10i	Yes No	SB (Form	Amoun	
Part 1 10 a b c d e f g h i Part \ 11 11a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? 	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes No X X X X X X X X X X X X X X X X X X X	SB (Form	Amoun	es Nc
Part 1 10 a b c d e f g h i Part 1 11 112	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 1f this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the start of the minimum funding the plan subject to the minimum funding	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc e required I-3 ents? (If "Ye om Schedu requiremen	the time period described in ction Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes No X X X X X X X X X X X X X X X X X X X	SB (Form	Amoun	es Nc
Part 1 10 a b c d e f g h i Dart 1 11a 12 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc le required i l-3 ents? (If "Ye om Schedu requiremen as applicat g amortized	the time period described in ction Program)	10a 10b 10c 10d 10d 10d 10g 10h 10g 10h 10i plete S	Yes No X X X X X X X X X X X X X X X X X X X	SB (Form	Amoun	es 🗌 No
Part 1 10 a b c d e f g h i Part 1 11 11a 12 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ions within ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc e required i I-3 ents? (If "Ye om Schedu requiremen as applicat g amortized	the time period described in ction Program)	10a 10b 10c 10d 10d 10d 10g 10h 10g 10h 10i plete S	Yes No X X X X X X X X X X X X X X X X X X X	SB (Form	Amoun	es 🗌 No es 🗶 No

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		40		-			
<u> </u>	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		I			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	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	1	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Τ				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			X	Yes	□ 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.)						
1	3c(1) Name of plan(s):	3c(2) E	EIN(s	5)		13c(3)	PN(s)
							21
-							
							1.111
Part	VIII Trust Information (optional)						
14a	Name of trust	14b -	rust	's EIN			