	Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service						009			
Er	Department of Labor Employee Benefits Security Administration							ıblic		
P	Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. 									
-		entification Information	2		10/01/	2000				
	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009		g	12/31/2					
	This return/report is for:	1 · · · · · · · · · · · · · · · · · · ·		mployer plan (not multiemployer)		one-participa	nt plan			
В	This return/report is for:	first return/report	final retur	•	- (1)					
•	C Check box if filing under: X Form 5558 automatic extension DFVC program									
C	Check box if filing under:	Form 5558		extension		DFVC progra	m			
D	ut II Desis Dien Inform	special extension (enter descriptio								
	art II Basic Plan Inform	nation—enter all requested informa	ation		1h	Three-digit				
	LS SIGNS, INC. 401(K) PROFI	SHARING PLAN				plan number	004			
						(PN) 🕨	001			
					1c	Effective date of 01/01/1				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identif (EIN) 91-103		er		
712 5	S. SECOND STREET				2c	Plan sponsor's t		nber		
	MA, WA 98901				2d	Business code (238900	see instructio	ns)		
	Plan administrator's name and LS SIGNS, INC.	address (if same as Plan sponsor, er 712 S. SECO		,	3b	Administrator's E				
		YAKIMA, WA	98901		3c		Administrator's telephone number 509-248-5080			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for the sponsor has changed since the last return/report filed for the sponsor has changed since the last return/report filed for the sponsor has changed since the last return/report filed for the sponsor has changed since the last return/report filed for the sponsor has changed since th						4b EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			-			3		
b	Total number of participants at	the end of the plan year			5b			3		
	Total number of participants wi	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c			3		
6a	complete this item)									
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.)										
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		7a	12828	2		15	4901		
b	Total plan liabilities		7b							
C	Net plan assets (subtract line 7	b from line 7a)	7c	12828	2		15	4901		
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal			
а	Contributions received or recei	vable from:	8a(1)							
	., .,		8a(2)	745	1					
	(3) Others (including rollovers)		8a(3)							
b	Other income (loss)		8b	1922	8					
С	Total income (add lines 8a(1),	3a(2), 8a(3), and 8b)	8c				2	6679		
d		ollovers and insurance premiums	8d							
е	•	ve distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	Other expenses		8g	6	0					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h					60		
i		8h from line 8c)	8i				2	6619		
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2T
- **b** 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	D	uring the plan year:	_	Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				x				
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		x				
С	V	Vas the plan covered by a fidelity bond?	10c		Х				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
e	in	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x				
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х				
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								
Part	Part VI Pension Funding Compliance								
11									
12								X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 								
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	D Enter the minimum required contribution for this plan year								
С	E	nter the amount contributed by the employer to the plan for this plan year			12c				
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)			12d	L			
е	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	lo	N/A
Part	VI	I Plan Terminations and Transfers of Assets							
13a	13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?								
	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 under the control of the PBGC?									
C 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	13c	(1) Name of plan(s):		130	:(2) Ell	N(s)		3c(3)	PN(s)
Caut	lor	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab			oetabl	ichod			
		. A benalty for the fate of incomplete mind of this return/report will be assessed unless reasonab	וכעמו	135 13	COLOUN	ancu.			

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	Filed with authorized/valid electronic signature.	10/14/2010	MICHAEL ATCHISON				
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	Short Form Annual R		-	loyee	OMI	3 Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service		Benefit	tions 104 and 4065 of the Empl	2009			
	Department of Labor	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of	This Form is Open to Public			
·	ployee Benefits Security Administration ension Benefit Guaranty Corporation			ode (the Code).	Inspection			
		 Complete all entries in accorr entification Information 	dance with	the instructions to the Form	000-5r.	<u> </u>		
11000-10-0	calendar plan year 2009 or fisca		01/01/2	009 and ending		12/31/2009		
Α 1	his return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer	ł	one-participant p	olan	
в -	his return/report is for:] first return/report	final retur	n/report				
.:] an amended return/report	short plar	year return/report (less than 12	months)	_		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter description	on)					
		nation—enter all requested inform	ation		44			
	Name of plan Wells Signs, Inc. 4	01(k) Profit Sharing			מו	Three-digit plan number		
	Plan	•= (, -==================================				(PN) 🕨	001	
					1c	Effective date of pla 01/01/1998	an	
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identifica	tion Number	
	Well's Signs, Inc.					(EIN) 91-10317		
	710 C Cocond Stroo	+	-		20	Plan sponsor's tele (509)248-50	phone number 30	
	712 S. Second Stree				2d	Business code (see 238900	e instructions)	
	Yakima Plan administrator's name and :	address (if same as Plan sponsor, e	nter "Same	WA 98901	3b	Administrator's EIN		
Ja	SAME	address (il same as r ian sponsor, e	antor Garna	~)				
					30	Administrator's tele	phone number	
4	the name and/or EIN of the pla	n sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN	•	
		from the last return/report. Sponso		•	40	PN	• .	
52	Total number of participants at	the beginning of the plan year		······································			3	
5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					5b		3	
c	• •	th account balances as of the end o						
	complete this item)				5c		3 	
	•	uring the plan year invested in eligib					X Yes 🗌 No	
D		e annual examination and report of See instructions on waiver eligibility					X Yes 🗌 No	
		er 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form	5500.			
<u></u>	rt III Financial Informa	ition	Tyricities			(h) = d = 5		
7	Plan Assets and Liabilities		. 7a	(a) Beginning of Year 128,	282	(b) End of	154,901	
a b				120,	202		1017001	
c	•	b from line 7a)		128,	282		154,901	
8	Income, Expenses, and Transfe			(a) Amount		(b) Tot	al	
а	Contributions received or received		0-(4)	-				
			(7.	451			
	•••••							
b				19,	228			
C	. ,	8a(2), 8a(3), and 8b)					26,679	
d	Benefits paid (including direct r	ollovers and insurance premiums						
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	8e				
f	Administrative service provider	s (salaries, fees, commissions)	. 8f					
g	•				60		60	
h		Be, 8f, and 8g)				ň		
1 i		e 8h from line 8c) ee instructions)		n kan ya kuwa kali na ana kali kana ka kuwa ka kuwa ka ka	ozenine) Di		26,619	
J		OMB Control Numbers, see the instructi	v	5500-SE	200	Free Free Free Free Free Free Free Free	orm 5500-SF (2009)	

v.092308.1

Form 5500-SF 2009

2E

Plan Characteristics

. 2G 2J

2Т

Part IV

Page 2- [J
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Part							
10	During the plan year:	 _	Yes	No		Amount	
a	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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c		Х			
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Scheo	lule SE	3 (Form	Yes	X 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.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions	, and e	enter th Day	ne date of th	e letter rul Year	ling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		r				
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 negative amount)			12d	<u> </u>		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets				•		
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	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 of the PBGC?	unde	r the c	ontrol		Yes	X N
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.)	the pla	an(s) to	> 	, ,		
1	3c(1) Name of plan(s):		13	sc(2) E	IN(s)	13c(3)) PN(s)
		+					
Caul	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use is	estah	lished.		
	ton. A penalty for the late of incomplete filing of this returning of this returning of the assessed unless returning the instructions. I declare that I have examined this re					ble a Sch	edule

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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 Alex Mildle	10-13-10	Leon Wells
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN An Miller	10-13-10	Leon Wells
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor