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 section 6058(a) of the Internal Revenue Code (the Code).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

For	art I		Identification Information				
	calenda	ar plan year 2010 or fis	scal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010
Α	This ret	turn/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
		turn/report is for:	first return/report	final retur	n/report		
_	11110 100	turn/report to for.	an amended return/report	<u> </u>	year return/report (less than 12 mo	nthe)	
_			님 ' 누	<u> </u>	, ,	11113)	
С	C Check box if filing under: automatic extension						DFVC program
			special extension (enter descripti	on)			
Pa	art II	Basic Plan Info	rmation—enter all requested inform	nation			
1a	Name	of plan				1b	Three-digit
WEL	LS SIG	SNS, INC. 401(K) PROF	FIT SHARING PLAN				plan number 001
							(PN) •
						1c	Effective date of plan
							01/01/1998
			dress (employer, if for single-employe	r plan)		2b	Employer Identification Number
VVEL	.LS SIG	SNS, INC.				20	(LIIV)
712 \$	SOUTH	1 2ND STREET				20	Plan sponsor's telephone number 509-248-5080
YAK	IMA, W	'A 98901				2d	Business code (see instructions)
							238900
3a	Plan a	dministrator's name an	d address (if same as Plan sponsor,			3b	Administrator's EIN
WEL	LS SIG	SNS, INC.	712 SOUTH YAKIMA, W		ET		91-1031743
			17.1.1117.4, 11.	1100001		3с	Administrator's telephone number 509-248-5080
1 1	lf tha na	ome and/or FINI of the r	lan anangar hag ahangad ainag tha la	ot roturn/ro	nort filed for this plan antor the	415	
			plan sponsor has changed since the la per from the last return/report. Spons		port filed for this plan, enter the	40	EIN
		, aao p.aa	or mem and lactive and reports	0. 0		4c	PN
5a	Total r	number of participants	at the beginning of the plan year			5a	3
b	Total r	number of participants	at the end of the plan year			5b	0
С	Total r	number of participants	with account balances as of the end of	of the plan v	ear (defined benefit plans do not		
					•	5c	0
6a	Were	all of the plan's assets	during the plan year invested in eligil	nla accate?	(See instructions)		X Yes ☐ No
b			daning the plan year invested in engin	oic assets:	(366 131 4610 13.		
		ou claiming a waiver of	the annual examination and report of	an indeper	dent qualified public accountant (IQ	PA)	₩ □
	under	ou claiming a waiver of 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	an indeper and conditi	dent qualified public accountant (IQ ons.)	PA)	₩ □
Da	under If you	ou claiming a waiver of r 29 CFR 2520.104-46? ı answered "No" to ei	the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F	an indeper and conditi	dent qualified public accountant (IQ ons.)	PA)	₩ □
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F	orm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		
9a If the	plan provides pension benefits, enter the applicable pension 2G 2J 2T	sion feature codes from the List of Plan Characteristic Codes in the instructions:	

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Am	ount	
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		Χ				
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?	10b		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X				
^	or dishonesty?	10d						
е	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.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nplete	Sched	ule SB	(Form		٦.,	
	5500))						Yes	^ No
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	77
12								
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.	e or se	ction 3	 302 of I	ERISA?	of the le	Yes	No ling
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a lf) b c d e Part	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	e or se	and e	12b 12c 12d	ERISA?	of the le	Yes etter rul ar No Yes	No No
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SIGN 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 section 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

2010

This Form is Open to Public Inspection

100 100 100	art I Annual Report Identification Information	1 /0 1 /5	~		10701 /001	
Fo)1/01/2	010 and ending		12/31/201	
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)	yer)		
В	This return/report is for:	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558	automatic	extension		☐ DFVC program	m
Ū	special extension (enter description)					
Б	art II Basic Plan Information—enter all requested inform					
	Name of plan	lation	***********	1h	Three-digit	
Id	Wells Signs, Inc. 401(k) Profit Sharing			115	plan number	
	Plan		•		(PN))	001
				1c	Effective date of	
					01/01/1998	
2a	Plan sponsor's name and address (employer, if for single-employer Wells Signs, Inc.	· plan)		2b	Employer Identification (EIN) 91-1031	ication Number 1 7 4 3
				20	Plan sponsor's te	
	712 South 2nd Street				(509)248-5	
				2d	Business code (s	see instructions)
	Yakima	. "5	WA 98901	O.L.	238900	-11.1
за	Plan administrator's name and address (if same as Plan sponsor, ϵ	enter "Same	∍")	SD	Administrator's E	IIN
				3c	Administrator's to	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	ors name		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a	1	3
b						0
				211		
С				5b		
C		f the plan y	rear (defined benefit plans do not	5c		0
	Total number of participants with account balances as of the end of	f the plan y	rear (defined benefit plans do not	5c		
	Total number of participants with account balances as of the end ocomplete this item)	f the plan y ble assets? an indepe	rear (defined benefit plans do not (See instructions.)	5c		0 X Yes No
6a	Total number of participants with account balances as of the end of complete this item)	of the plan your ple assets? an indepe	rear (defined benefit plans do not (See instructions.)	5c		0
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan your ple assets? an indepe	rear (defined benefit plans do not (See instructions.)	5c		0 X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan your ple assets? an indepe	(See instructions.)	5c		O X Yes No X Yes No
6a b	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities	f the plan y ole assets? an indepe and condit form 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year	5c		O X Yes No X Yes No
6a b P: 7 a	Total number of participants with account balances as of the end of complete this item)	f the plan y ole assets? an indepe and condit corm 5500-	(See instructions.)	5c		O X Yes No X Yes No Of Year
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III. Financial Information Plan Assets and Liabilities Total plan liabilities	f the plan y le assets? an indepe and condit form 5500-	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (IC ions.) (SF and must instead use Form 55 (a) Beginning of Year 154,90	5c PA) 00.		O X Yes No X Yes No Of Year
6a b 7 a b	Total number of participants with account balances as of the end of complete this item)	f the plan y ole assets? an indepe and condit corm 5500-	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (IC (IC (IC)	5c PA) 00.	(b) End	O X Yes No X Yes No of Year 0
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indepe and condit form 5500-	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (IC ions.) (SF and must instead use Form 55 (a) Beginning of Year 154,90	5c PA) 00.		O X Yes No X Yes No of Year 0
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indepe and condit form 5500-	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (IC (IC (IC)	5c PA) 00.	(b) End	O X Yes No X Yes No of Year 0
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	ole assets? an indepe and condit form 5500 7a . 7b . 7c	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (IC (IC (IC)	5c PA) 00.	(b) End	O X Yes No X Yes No of Year 0
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan y ble assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 154,90 (a) Amount	5c PA) 00.	(b) End	O X Yes No X Yes No of Year 0
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	ole assets? an indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 154,90 (a) Amount	5c PA) 000.	(b) End	O X Yes No X Yes No of Year 0
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6a b 7 a b c c 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan y ple assets? an indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (ID See instructions.) (ID Se	5c PA) 000.	(b) End	O X Yes No Yes No Of Year O Otal
Pa b c c d d	Total number of participants with account balances as of the end of complete this item)	f the plan y ple assets? f an indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (IC ions.) (SF and must instead use Form 55 (a) Beginning of Year 154,90 (a) Amount	5c PA) 000.	(b) End	O X Yes No Yes No Of Year O Otal
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Final Part of the control of the con	Total number of participants with account balances as of the end of complete this item)	f the plan y ole assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) (ID See instructions.) (ID	5c PA) 000.	(b) End	O X Yes No Yes No Of Year O Otal
Final Part of the control of the con	Total number of participants with account balances as of the end of complete this item)	f the plan y cole assets? f an indepe and condit f orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d	(See instructions.) (ID See instructions.) (ID Se	5c PA) 000.	(b) End	O X Yes No Yes No of Year 0 total
Final Part of the control of the con	Total number of participants with account balances as of the end of complete this item)	f the plan y ple assets? f an indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (ID See instructions.) (ID	5c PA) 000.	(b) End	0 X Yes No No X Yes No No Of Year O Otal
Final Part of the control of the con	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(See instructions.) (ID See instructions.) (ID	5c PA) 000.	(b) End	O X Yes No Yes No of Year 0 total

	Form 5500-SF 2010 Page 2-)						
Dar	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C	haracter	stic Co	des in	the instru	ctions:		
	2E 2G 2J 2T							
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	naracteri	Stic Co	aes in i	ine instruc	ctions:		
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amour	ıt	
а		d in 10a		Х				
b								
	on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	ļ	X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?	ud 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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		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								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))					_ <u> </u>	es 2	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	Code or s	ection	302 of	ERISA?	. Y	es 🛚	∐ 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 in granting the waiver.	structions Month	s, and e	enter tr Dav	ne date of	the letter Year	rulin	g
lf :	you 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 negative amount)	left of a		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 during the plan year or any prior year?					XY	es	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 the PBGC?	ght unde	r the c			XY	es	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	ify the pl	an(s) to	o 				
	I3c(1) Name of plan(s):		13	3c(2) E	IN(s)	130	(3) P	'N(s)

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 Jan Wille	1/10/11	Leon Wells
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN Xe/Wells	1/10/11	Leon Wells
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor