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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

•	01101011 201	none Guaranty Gorporation		Complete all entries in ac	cordance with	the instruc	tions to the Form 550	<u>0-SF.</u>					
Pa	art I	Annual Report I	der	ntification Information									
For	calenda	ar plan year 2012 or fis	cal p	olan year beginning 01/01/	/2012		and ending 1	2/31/	2012				
Α -	This retu	urn/report is for:	X	a single-employer plan	a multiple-	-employer pl	an (not multiemployer)		a one-partici	oant plan			
В -	This retu	urn/report is:	$\prod t$	the first return/report	the final re	eturn/report							
		·	Ī,	an amended return/report	a short pla	n year returr	n/report (less than 12 m	onths)				
C	Check h	oox if filing under:	Ħι	Form 5558	automatic	extension			DFVC progra	am			
	OHOOK D	ox ii iiiiig under.	H	special extension (enter desc									
Da	art II	Rasic Plan Infor		tion—enter all requested inf									
	Name o		IIIa	LIOII—enter all requested ini	iornation			1h	Three-digit				
		MENT PLAN						10	plan number				
									(PN) •	001			
								1c	Effective date o	f plan			
									11/01	/2011			
		onsor's name and add		s; include room or suite number	er (employer, if	for a single-	employer plan)	2b	Employer Identi				
SIGN	IAL PAT	H INTERNATIONAL,	LLC						(=114)	97392			
								2c	Sponsor's telep				
		H AVE. N.E., SUITE 10 WA 98005	10					24					
	,							Zu	Business code ((see instructions)			
3a	Plan ac	Iministrator's name and	d ad	dress X Same as Plan Spons	sor Name S	ama as Plan	Sponsor Address	3h	Administrator's				
ou	i iaii ac		J au	uress Moanic as Fian opons	sor reameo	arric as r lari	Oponsoi Addiess		Administrator 3	LIIV			
								3c	Administrator's	telephone number			
4				n sponsor has changed since from the last return/report.	the last return/r	eport filed fo	or this plan, enter the	4b EIN					
а		or's name	ibei	nom the last retum/report.				4c PN					
			at the	e beginning of the plan year				5a	8				
b				e end of the plan year				5b		9			
				unt balances as of the end of				30		3			
C							-	5c		9			
6a	Were	all of the plan's assets	duri	ing the plan year invested in e	eligible assets?	(See instruc	tions.)			X Yes No			
b				annual examination and repor									
				e instructions on waiver eligib	-					X Yes No			
	If you	answered "No" to eit	her	line 6a or line 6b, the plan of	cannot use For	m 5500-SF	and must instead use	Form	5500.				
				complete filing of this return									
				enalties set forth in the instruc gned by an enrolled actuary, a									
		rue, correct, and comp			as well as the el	ectionic vers	sion of this return/repon	i, ariu	to the best of my	knowledge and			
					1	10010	<u> </u>						
SIGN HERE		Filed with authorized/valid electronic signature. 07/12/2013 RHONDA SIMPSON											
HER	KE.	Signature of plan administrator Date Enter name of individua				lual signing as plan administrator							
SIG	N												
HEF	RE	Signature of employ	/er/p	olan sponsor	Date		Enter name of individ	ual sid	anina as emplove	er or plan sponsor			
Prep	parer's r			, if applicable) and address; in		suite number				number (optional)			

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Por	t III Financial Information									
Par			(a) Danimula mativa a							
	n Assets and Liabilities (a) Beginning of Ye				-	(b) End of Year				
	tal plan assets				-		59008			
			330	0004			50009			
	Net plan assets (subtract line 7b from line 7a)	7c)4	-		59008			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
а	(1) Employers									
	(2) Participants	Participants								
	Others (including rollovers)									
b	Other income (loss)	8b	207	7 2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					55704			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					55704			
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 2A 2E 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	,			
b		? (Do not	include transactions reported	10b		X				
	Was the plan covered by a fidelity bond?			10c	X		40000			
d				100			10000			
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		466			
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a					X				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X				
i	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 2520.10	ne require	d notice or one of the							
Dowt	1 0 11	1-3		10i						
Part 11	Is this a defined benefit plan subject to minimum funding requirem									
11a	a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
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		and e	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo									
b	Enter the minimum required contribution for this plan year					12b				

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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 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information		A								
For calenda	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012											
A This retu	urn/report is for:	a single-employer plan	=		n (not multiemployer)	oloyer) a one-participant plan						
B This return/report is:												
		an amended return/report	a sho	ort plan year return/	report (less than 12 mo	onths)						
C Check box if filing under: Form 5558 automatic extension							DFVC program					
Part II	Basic Plan Info	rmation—enter all requested in	nformation					* 1899-1-19				
1a Name	of plan				0017600000	1b	Three-digit					
SPI RETIREMENT PLAN							plan number	001				
					3	10	(PN) F					
						10	Effective date o 11/01/2					
2a Plan sp SIGNAL PA	oonsor's name and ad TH INTERNATIONAL	ddress; include room or suite numt , LLC	oer (emplo	yer, if for a single-e	mployer plan)	2b	2b Employer Identification Number (EIN) 32-0097392					
2045 120%	Ave. N.E., Suite 100	1				2c	Sponsor's telep (704) 26					
BELLEVUE.		<u>'</u>				2d	Business code (443112	St				
3a Plan ac	dministrator's name a	nd address XSame as Plan Spor	nsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN				
						3с	Administrator's	telephone number				
					,							
4 If the r	name and/or EIN of th	e plan sponsor has changed since	e the last r	eturn/report filed for	this plan, enter the	4b	EIN					
name a Spons		imber from the last return/report.				4c	PN					
1000 1000 NO. 1000 N		s at the beginning of the plan year		**************	***************************************	5a	T	8				
	The second of th	s at the end of the plan year				5b		9				
	ASSESSMENT TO SEE S.	account balances as of the end o				_000,000,000	i					
compl	ele this item)					5c	1	9				
		ts during the plan year invested in					4	X Yes No				
b Are yo	ou claiming a waiver of 29 CFR 2520 104-46	of the annual examination and rep 6? (See instructions on waiver elig	ort of an in ibility and o	dependent qualified conditions.)	public accountant (IQ	PA)		X Yes No				
		either line 6a or line 6b, the plan										
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report	will be assessed u	inless reasonable cau	ıse is	established.					
SB or Sche	dule MB completed a	ther penalties set forth in the instrand signed by an enrolled actuary	uctions, I d , as well as	leclare that I have e the electronic vers	examined this return/report	ort, i	ncluding, if applic to the best of my	able, a Schedule knowledge and				
belief, it is	true, correct, and com	npiete.			-1-		<u> </u>					
SIGN	x Fland	· M		179.13	x1 Icharda	17	,MpSON					
HERE	Signature of plan	administrator		Date	Enter name of individ	ual si	gning as plan adr	ninistrator				
SIGN					1444	_						
HERE	Signature of empl	oyer/plan sponsor	1	Date	Enter name of individ							
Preparer's	name (including firm	name, if applicable) and address;	include ro	om or suite number	(optional)	Pre	parer's lelephone	number (optional)				
					*1							
								1 6				

ı aı	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
а	Total plan assets	7a	3304	1			59008		
b	Total plan liabilities	al plan liabilities					**		
С	let plan assets (subtract line 7b from line 7a)						59008		
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total		
	Contributions received or receivable from: (1) Employers								
	(2) Participants	8a(2)	34423	3		180°	MARKET STATE		
	(3) Others (including rollovers)	8a(3)				1.1			
b	Other income (lass)	8b	2072	2		Ž.,			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					55704		
	Benefits paid (including direct rollovers and insurance premiums	0.1			70	¥			
	to provide benefits)	8d			-				
100	Certain deemed and/or corrective distributions (see instructions)	8e			-	Sego			
	Administrative service providers (salaries, fees, commissions)	8f			15 d				
	Other expenses	8g	R = 1		10	×			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	-				
	Net income (loss) (subtract line 8h from line 8c)	8i				_	55704		
	Transfers to (from) the plan (see instructions)	8j		1110		1			
Par									
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chara	acteris	dic Co	des in t	he instructions:		
	2A 2E 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	esture code	e from the Liet of Plan Charge	Mariet	ic Cod	es in th	a instructions:		
b	If the plan provides wellate benefits, effer the applicable wellate is	catule code	s nom the cist of rian onarat	3101131	ic Cou	CS III III	e instructions.		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a		itions within uciary Corre	the time period described in ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c	Х		10000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
e	Were any fees or commissions paid to any brokers, agents, or of	her persons	by an insurance carrier,		3				
	insurance service or other organization that provides some or all instructions.)			10e	х	10	466		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х	3,000		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period?			10h		x			
ī	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	VI Pension Funding Compliance			11.00					
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								
118	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of the Code	e or se	ection	302 of E	RISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a	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								
14	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
						Accessors -	19410 00000000		

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С	Enter the amount contributed by the employer to the plan for this plan year	12	С			
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)	12	d			
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?	ΙC	Y	es X	lo	4.5
150 WILLIAM	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contr	ol		Ye	s 🛭 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				
	3c(1) Name of plan(s):	3c(2)	EIN	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					-
14a	Name of trust	14b Trust's EIN				

A