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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

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Pa	art I	Annual Report	Identification Informa	tion					
For	calenda	ar plan year 2012 or fis	scal plan year beginning (01/01/2012		and ending	12/31/2	2012	
Α	This retu	urn/report is for:	X a single-employer plan	aı	multiple-employer	plan (not multiemployer)		a one-partici	pant plan
В	This retu	urn/report is:	the first return/report	the	e final return/repor	t		_	
		·	an amended return/repo	rt 🗍 as	hort plan year retu	rn/report (less than 12 m	onths))	
С	Check h	oox if filing under:	X Form 5558	□ au	itomatic extension			DFVC progra	am
	OHOOK D	ox ii iiiiig dilder.	special extension (enter	ш					
D	art II	Rasic Plan Info	rmation—enter all request		<u> </u>				
	Name o		mation—enter all request	ea informatio	OF 1		1h	Three-digit	
		MENT PLAN					15	plan number	
								(PN) •	001
							1c	Effective date of	f plan
							_	01/01	/2008
2a PAC	Plan sp	oonsor's name and add SNAL SUPPLY, LLC	dress; include room or suite r	number (emp	loyer, if for a single	e-employer plan)	2b	Employer Identi	fication Number 27780
	10 010	514 AE 001 1 E11, EE0					-	(=114)	
пΩ	BOX 34	70					2C	Sponsor's telep	
		I, WA 98223					2d		(see instructions)
								48899	
3a	Plan ac	dministrator's name an	nd address XSame as Plan	Sponsor Nam	ne Same as Pla	an Sponsor Address	3b	Administrator's	EIN
					Ь				
							3с	Administrator's	telephone number
4	If the n	ame and/or FIN of the	e plan sponsor has changed s	since the last	return/report filed	for this plan enter the	4h	EIN	
•			nber from the last return/repo		return/report mea	ioi tillo piari, oritor tilo	710	LIIN	
а	Sponso	or's name					4c	PN	
5a	Total n	number of participants	at the beginning of the plan	/ear			5a		3
b	Total n	number of participants	at the end of the plan year				5b		3
С	Numbe	er of participants with a	account balances as of the e	nd of the plar	n year (defined ber	nefit plans do not	_		
	comple	ete this item)					5c		3
			during the plan year investe						X Yes No
b			the annual examination and (See instructions on waiver						X Yes No
			ther line 6a or line 6b, the						<u> </u>
Cai			or incomplete filing of this						
			ner penalties set forth in the i	-					able, a Schedule
SB	or Sche	dule MB completed an	nd signed by an enrolled actu						
beli	ef, it is t	rue, correct, and comp	olete.						
SIG	N	Filed with authorized/\	valid electronic signature.		10/09/2013	LANE MORRISON			
HEI		Signature of plan as	dministrator		Data		ual cid	ning as plan adr	ministrator
		Signature of plan ac	illinistrator		Date	Enter name of individ	uai siç	griirig as piari aur	Tillistrator
SIG									
		Signature of employer/plan sponsor Date Enter name of individue s name (including firm name, if applicable) and address; include room or suite number (optional)			idual signing as employer or plan sponsor Preparer's telephone number (optional)				
-re	parer S I	name (including firm na	ame, ii applicable) and addre	saa, ii iciude fo	oon of suite numb	ει (υμιιυπαι)	Prep	varer s rereprione	number (optional)
							L		

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Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of Y	ear		
	Total plan assets	'\							28661	6	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	238416						28661	6	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h) Total			
	Contributions received or receivable from:		(a) runount					<i>j</i> 10ta.			
	(1) Employers	8a(1)	209	4							
	(2) Participants	8a(2)	1308	38							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3301	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							48200)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	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									
	Net income (loss) (subtract line 8h from line 8c)	8i							4820	0	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, <u>°,</u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3B 3D 2T	feature co	des from the List of Plan Char	acteris	tic Code	s in	the inst	ruction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Codes	in th	ne instru	ıctions			
D											
Part	•			1	,, ,	_					
10	During the plan year:	4:			Yes N	Ю		Am	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a)	Κ	<u></u>				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c)	X					
d	Did the plan have a loss, whether or not reimbursed by the plan's 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					
f	Has the plan failed to provide any benefit when due under the plan			10f)	X					
						X					
g h	. ,	(See instru	uctions and 29 CFR	10g		χ					
i	2520.101-3.)	ne require	d notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No										
<u>11a</u>	inter 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? 🔲 Yes 🗵 No						No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon			er th Day	e date d	of the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year				12	b	<u></u>				

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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

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	Inter-title intertie	ctions to the Form 530	00-SF.	
For calend	dar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/2012	
A This re	eturn/report is for: 🛛 a single-employer plan 🔲 a	multiple-employer p	lan (not multiemployer)	a one-partici	inant plan
B This re		ne final return/report	,	_ a one-partici	iparit plati
		35	n/report (less than 12 m	2-2-2- 3-1 0-2-3 X	
C Chook	H H_		ilireport (less than 12 n		
C Check		utomatic extension		DFVC progra	am
	special extension (enter description)				
Part II	Basic Plan Information—enter all requested information	on			
1a Name				1b Three-digit	
PSS RETIR	REMENT PLAN			plan number	001
				(PN)	001
				1c Effective date of	
2a Plan s	sponsor's name and address; include room or suite number (emp	ployer if for a single	omployer clan)	01/01/2	
PACIFIC S	GNAL SUPPLY, LLC	ployer, ir for a sirigle.	-employer plan)	2b Employer Identi	
				(EIN) 54-212	0 50000
P.O. BOX 3	0.470			2c Sponsor's telep	
F.O. BOX 3	9476			(360) 40	ALL COLORS - CANCALONS IN THE RESERVE AND A SECOND
ARLINGTO	N. WA 98223			2d Business code 488990	
3a Plan a	dministrator's name and address X Same as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	3b Administrator's	
			- F = 0.5 = 0.0 mail = 0.0 m	CO Administrators	EIIN
				3c Administrator's	telephone number
				500-2019-00-00-00-00-00-00-00-00-00-00-00-00-00	
				2	
4 If the	name and/or EIN of the plan sponsor has changed since the last	I solven lean and Start f	and the same and t		
name	e, EIN, and the plan number from the last return/report.	r retum/report filed to	or this plan, enter the	4b EIN	
	or's name			4c PN	
5a Total	number of participants at the beginning of the plan year			5a	
b Total	number of participants at the end of the plan year				3
C Numb	per of participants with account balances as of the end of the plan	n vear (defined bond	ofit plane de est	5b	3
comp	lete this item)		ant plans do not	5c	3
6a Were	all of the plan's assets during the plan year invested in eligible	assels? (See instruc	tions \	100	
D Are ve	Ou claiming a waiver of the annual examination and report of an	independent qualific	d public account on 10	DAX	X Yes No
unger	29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.)		5000 - 9 4 - 0	X Yes No
ir you	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500.	
Caution: A	A penalty for the late or incomplete filing of this return/repor	t will be assessed	uniess reasonable cau	ise is established.	
Under pen	allies of periury and other penalties set forth in the instructions. I	declare that I have	ov.o!	A DOMESTIC AND THE PROPERTY AND THE PARTY OF	able, a Schedule
	edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	as the electronic ver	sion of this return/report	l, and to the best of my	knowledge and
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SIGN	× Lane Vonson	1101-13	*1 Lane V	Morrison	
HERE	Signature of plan administrator	Date			
alah.		24.0	Little Hame of Individ	ual signing as plan adm	nnistrator
>11-N					
SIGN HERE	Cincolar				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer	r or plan sponsor
HERE	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Date oom or suite number	Enter name of individ	ual signing as employer Preparer's telephone	r or plan sponsor
HERE	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include n	Date coom or suite number	Enter name of individ	ual signing as employer Preparer's telephone	r or plan sponsor
HERE	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include n	Date oom or suite number	Enter name of individ	ual signing as employer Preparer's telephone	r or plan sponsor
HERE	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Date com or suite number	Enter name of individ	ual signing as employer Preparer's telephone	r or plan sponsor

Pai	t III Financial Information						-		_	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T	(b) End	of V			*
а	Total plan assets	7a	23841			(D) LIIC	200	ABS110 87		-
	Total plan liabilities	7b	700.1		1			286616		
С	Net plan assets (subtract line 7b from line 7a)	7c	23841	6				86616	-	-
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			/b) '	Total	.00010		-
а	Contributions received or receivable from:		(2):	-10		(b)	Otal	-		-
-	(1) Employers	8a(1)	209	4						
	(2) Participants	8a(2)	1308	8						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	3301	8						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48200		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e					-		-	
- TOTAL -	Administrative service providers (salaries, fees, commissions)	8f			+					
-	Other expenses	8g			-		-			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i			****				- 10	
	Transfers to (from) the plan (see instructions)	8i	*************************************		1		-	48200		
	t IV Plan Characteristics	8)								
2 20000 122501	If the plan provides pension benefits, enter the applicable pension	feature co	dee from the Liet of Blos Char		"- O- I- '		200			
	2E 2G 2J 2K 3B 3D 2T	reature co	des from the List of Plan Chan	acteris	iic Codes i	n the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cteristic	Codes in	the instruct	ions:			
				20070						
Part	V Compliance Questions									
10	During the plan year:				Yes No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a	×					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b	×				į	
С	Was the plan covered by a fidelity bond?			10c	×			-		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d	X					
e	Were any fees or commissions paid to any brokers, agents, or oth			100	- ^					
	insurance service or other organization that provides some or all of	of the bene	fits under the plan? (See							
	instructions.)			10e	×					
f	Has the plan failed to provide any benefit when due under the plan		WOODANGE COM	10f	X	l:				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	х					
h	2520.101-3.)		***************************************	10h	х				ARKSUS	
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	I notice or one of the	10i						
Part	VI Pension Funding Compliance						-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions and com	plete S	Schedule S	B (Form	Ιп	Yes	П	No
11a	Enter the amount from Schedule SB line 39					***************************************	Ш	103	Ц.	-
_12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 📈 No							No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						iAI .	_
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.			ctions, th	and enter Da		he lei Yea		ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year				12b					

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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)	e left of a 12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		s No N/A
Part			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes >	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		10
b		until under the control	∏ Yes X No
		ntify the plan(s) to	
	13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
.			
	t VIII Trust Information (optional)		
14a	Name of trust	14b Trust's E	IN