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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		Identification Information					
For caler	dar plan year 2013 or f	iscal plan year beginning 01/01/2013	3	and ending 1	2/31/	2013	
A This r	eturn/report is for:	X a single-employer plan ☐	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
B This r	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Chec	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	· ·	special extension (enter descriptio	n)				
Part II	Basic Plan Info	ormation—enter all requested informa	ition				
1a Nam		,			1b	Three-digit	
PSS RETII	REMENT PLAN					plan number	
					10	(PN)	001
					10	Effective date o	•
2a Plan	sponsor's name and a	ddress; include room or suite number (er	nplover. if for a single-	emplover plan)	2h	Employer Identi	
	SIGNAL SUPPLY, LLC	(, , , , , , , , , , , , , , , , , , , ,	- 1 -7 - 1 - 7			27780
					2c	Sponsor's telep	hone number
P.O. BOX						360-40	3-7655
ARLINGTO	ON, WA 98223				2d	Business code (
0- 5		🗔	По в		26	48899	
3a Plan	administrator's name a	nd address XSame as Plan Sponsor N	ame Same as Plar	n Sponsor Address	30	Administrator's	EIN
					3с	Administrator's	telephone number
4 If the	name and/or FIN of th	e plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4h	EIN	
		imber from the last return/report.	ot retarn report mean	or the plan, enter the	TD	LIN	
a Spor	sor's name				4c	PN	
5a Tota	I number of participants	s at the beginning of the plan year			5a		3
b Tota	I number of participants	s at the end of the plan year			5b		2
		account balances as of the end of the p	• •	-	5 0		2
	•				5с		
		ts during the plan year invested in eligible of the annual examination and report of a					X Yes No
		6? (See instructions on waiver eligibility a					X Yes No
If yo	u answered "No" to e	either line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	1 5500.	
C If the	plan is a defined bene	fit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?	[Yes No	Not determined
Caution:	A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.	
-		ther penalties set forth in the instructions					able, a Schedule
	nedule MB completed a strue, correct, and com	and signed by an enrolled actuary, as we	II as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and
bellet, it i	strue, correct, and con	ipiete.		Ţ			
SIGN	Filed with authorized	/valid electronic signature.	08/30/2014	LANE MORRISON			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adr	ministrator
SIGN							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual si	gning as employe	er or plan sponsor
Preparer*		name, if applicable) and address; include					number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Vo	or		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella c		40926		
	Total plan liabilities	7b							.0020		
	Net plan assets (subtract line 7b from line 7a)	76 7c	28661	6				34	10926		
		come, Expenses, and Transfers for this Plan Year							.0020		
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)	216	7							
	(2) Participants	8a(2)	433	34							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6694	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	3441		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1867	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g	45	7							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19131		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						į	54310		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, <u> </u>									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
	2E 2G 2J 2K 2T 3B 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
_											
Par				1			1				
10	During the plan year:			ı	Yes	No		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
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					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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	1-3		10i							
Part	<u> </u>										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	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 instru		and e	enter th		e let Year		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- 7					
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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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 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?	Y	es 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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).

OMB Nos. 1210-0110 1210-0089

2013

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Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accordan	ce with the instruct	tions to the Form 5500	O-SF.	1113	spection
Part I		dentification Information	100 A				
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	40
A This ret	urn/report is for:	X a single-employer plan a r	nultiple-employer pla	n (not mulliemployer)		a one-partici	pant plan
B This rel	urn/report is:	the first return/report the	e final return/report				
		an amended return/report as	hort plan year return	report (less than 12 mo	onths)		
C Check I	oox if filing under:	X Form 5558 au	tomatic extension			DFVC progra	ım
		special extension (enter description)					
Part II	Basic Plan Info	rmation—enter all requested informatio	n				
1a Name			21		1b	Three-digit	1-211 - 211
	EMENT PLAN					plan number	
				,		(PN) >	001
	Sec.				1c	Effective date o	
2a Plan s PACIFIC SIG	ponsor's name and add GNAL SUPPLY, LLC	dress; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep (360) 40	
P.O. BOX 3	478 N, WA 98223				2d	11 Section 10 1000	(see instructions)
		d address Same as Plan Sponsor Nam	ie Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
		plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN	
a Spons	or's name	nber from the last return/report.			4c	PN	
		at the beginning of the plan year		200200000	5a		3
		at the end of the plan year			5b		2
comp	lete this item)	account balances as of the end of the plar			5с		2
		during the plan year invested in eligible a					X Yes No
b Are ye	ou claiming a waiver of	the annual examination and report of an	independent qualifie	d public accountant (IQ	PA)		
under If you	129 CFR 2520.104-46 : 1 answered "No" to ei	? (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot	conditions.)	and must instead use		CEAA	ĭ Yes ∐ No
							1
- C ii iiie	pian is a delined benef	it plan, is it covered under the PBGC insu	rance program (see	ERISA SECTION 4021)?.		Yes No	Not determined
		or incomplete filing of this return/repor					
SB or Sche	allies of perjury and oll edule MB completed ar true, correct, and comp	ner penalties set forth in the instructions, I nd signed by an enrolled actuary, as well a plete.	declare that I have on the electronic vers	examined this return/report sion of this return/report	oort, ir ., and	ncluding, if application the best of my	able, a Schedule knowledge and
		In a			10.0		
SIGN HERE	× Jane	Woman	18-28-14	* 1 Lane		orriso	
	Signature of plan a	dministrator	Date	Enter name of individe	ual sig	ning as plan adı	ministrator
SIGN		THE STATE OF THE S					
	Signature of emplo		Date	Enter name of individ	ual siç	ning as employe	er or plan sponsor
Preparer's	name (including tirm n	ame, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	arer's lelephone	number (optional)
				ş			To the same of the

THE PERSON NOT THE PARTY

Pa	rt III Financial Information								-	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) E	d = E \		
a	Total plan assets	. 7a	28661	- 10	_		(b) En		ear 34092	<u> </u>
b		. 7b							J409Z	<u> </u>
С	Net plan assets (subtract line 7b from line 7a)	- 7c	28661	6	-	-			34092	6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(h)	Total		
а	Contributions received or receivable from: (1) Employers	Po(4)	216				(u)	TOTAL		-
	(2) Participants	8a(1)	433	1	-					
	(3) Others (including rollovers)		400	4	- 7					
	Other income (loss)	8b	6694	0	+-					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0004			- 117	-			
	Benefits paid (including direct rollovers and insurance premiums				+	Mark		-	73441	
	lo provide benefits)	. Bd	1867	4						
No. of Contract of	Certain deemed and/or corrective distributions (see instructions)	. 8e								
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f						77		
g	Other expenses		45	7						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						18		1913	1
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							54310	
_ <u>j</u>	Transfers to (from) the plan (see instructions)	- 8j	NA							
	t IV Plan Characteristics								***	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3B 3D	feature code	es from the List of Plan Char	acteris	tic Co	des in	the instr	ections	S:	-
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	storiet	- 0-4					
les es es		outure codes	Thom the List of Flan Chara	ciensi	c Coa	es in t	ne instruc	tions:		
Par	t V Compliance Questions								-	
10	During the plan year:				Yes	No		Λ m	ount	
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	tions within t	he time period described in	10a		х	-	Aire	Junt	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10b		×				-
С	Was the plan covered by a fidelity bond?			10c		х	 -			
d		fidelity bond	that was caused by fraud	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 instructions.)	ner persons to	by an insurance carrier,	10e		x				
f	Has the plan failed to provide any benefit when due under the pla				-			-		
g				10f 10g	-	<u></u>				
h		(See instruct	ions and 29 CFR	10h	-	x		-		
ī	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 r	otice or one of the					-		
	exceptions to providing the notice applied under 29 CF IX 2020, TO	1-0								
Part		1-5	***************************************	10i						
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Ye	s " see instructions and com	nlete	Sched	ule SE	3 (Form	Ιп	Yes	——— П Na
11	VI Pension Funding Compliance	ents? (If "Ye	s," see instructions and com	plete	× • • • • • • •	ule SE	3 (Form		Yes	∏ No
11	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 subject to the minimum funding subject to the minimum funding	ents? (If "Ye om Schedule requirement	s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code	plete		11a				
11 11a 12	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 fr Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	ents? (If "Ye om Schedule requirement	s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code	plete s	ction 3	11a 02 of	ERISA?		Yes	X No
11 11a 12 a	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 fr Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ents? (If "Ye om Schedule requirement as applicab ng amortized	s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code le.) in this plan year, see instruc	plete :	ction 3	11a 02 of	ERISA?		Yes	X No
11 11a 12 a	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 fr Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being the standard for the minimum funding standard for a prior year is being the standard for the minimum funding standard for the standard	nents? (If "Ye rom Schedule requirement as applicab ng amortized	s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code le.) in this plan year, see instruction	or sections,	and e	11a 02 of nler th	ERISA?	the let	Yes	X No

Form 5500-SF 2013

	-		_
Page	3	•	1

С	Enter the amount contributed by the employer to the plan for this plan year	12c	
d		12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Y	es No N/A
Part			
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		
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
C	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	
Ų.	13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
· · · · · · · · · · · · · · · · · · ·			
Part	VIII Trust Information (optional)		
14a	Name of trust	14b Trust's	EIN