## 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

2013

This Form is Open to Public Inspection

Pens	on Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 5500	)-SF.		poolion		
Part	I Annual Report	Identification Information							
For ca	endar plan year 2013 or fis		13	and ending 12	2/31/2	2013			
<b>A</b> Th	s return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
<b>B</b> Th	s return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)	1			
<b>C</b> Ch	eck box if filing under:		DFVC program						
	g								
Dort	II Pasia Blan Info	special extension (enter descript	· · · · · · · · · · · · · · · · · · ·						
Part	•	rmation—enter all requested inform	nation		4 h	There are all outs			
	ame of plan EY'S 401(K) PLAN				ID	Three-digit plan number			
VVITITINE	11 3 401(K) PLAN					(PN) ▶	001		
					1c	Effective date of	f plan		
					. •	01/01/	•		
<b>2a</b> PI	an sponsor's name and ad	dress; include room or suite number	employer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
	EY'S INC	,		, , ,		(EIN) 91-0658758			
					2c	Sponsor's telep	hone number		
PO BOX	( 750	123 W PIO	NEER AVE			360-249			
	SANO, WA 98563		NO, WA 98563		2d	Business code (	see instructions)		
						44111	,		
<b>3a</b> PI	an administrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN		
				·					
					3с	Administrator's t	telephone number		
		e plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b	EIN			
	ame, Env, and the plan hui oonsor's name	mber from the last return/report.			4c	DNI			
		at the beginning of the plan year			5a	110	72		
_				-					
		at the end of the plan year			5b		0		
		account balances as of the end of the	. , ,	•	5c		0		
<b>6a</b> v	ere all of the plan's assets	s during the plan year invested in elig	ible assets? (See instruct	ions.)			X Yes No		
		f the annual examination and report o							
		? (See instructions on waiver eligibility	•				X Yes No		
	•	ither line 6a or line 6b, the plan can			_		<b>-</b>		
<b>C</b> If	the plan is a defined benef	fit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	····· 📙	Yes No	Not determined		
Cautio	n: A penalty for the late	or incomplete filing of this return/re	eport will be assessed u	ınless reasonable cau	se is	established.			
		her penalties set forth in the instruction					able. a Schedule		
SB or	Schedule MB completed ar	nd signed by an enrolled actuary, as v							
belief,	it is true, correct, and com	plete.							
SIGN	Filed with authorized/	valid electronic signature.							
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal cia	uning as plan adn	ninistrator		
	Signature of plan a	diffilistrator	Date	Enter name or marvior	iai siy	ining as plan aun	IIIIIIStrator		
SIGN HERE									
						idual signing as employer or plan sponsor			
	, _	cluding firm name, if applicable) and address; include room or suite number (optional)  Prepare			arer's telephone	number (optional)			
LONNIE RICH CPA AIKEN & SANDERS INC PS						360-533	3-3370		
	WISHKAH ST								
	EEN, WA 98520								
I									

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Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year						
<u>.</u>	Total plan assets	7a	(a) Beginning of Tea							0
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	55504	12						0
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	**			(b) T	otal		
	Contributions received or receivable from:		(a) Amount	ount (b) Total						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	535	5						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	6337	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							68728	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	61207	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1169	4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(	62377	0
i	Net income (loss) (subtract line 8h from line 8c)	8i						-!	55504	2
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	٠,								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:		
Par	t V Compliance Questions									
10	•				Yes	No		A		
	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tions within	a the time period described in		162	NO		Ame	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X				
V	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			100		Χ				
				10c						
d	or dishonesty?		·	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)		' '	10e	X					1744
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end )			X				
— s	If this is an individual account plan, was there a blackout period? (	(See instru	ictions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h		X				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	<u> </u>							Ī		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
_11a	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	ection	302 of	ERISA?		Yes	X No
	(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.				, and e	enter th Day	ne date of t	he le Yea		ıling
lf	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					12b				

Page	3 -	. 1	
гаус	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0					
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

## Form 5500-SF

Department of Labor Employee Benefits Security Administration

## 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

Pension Benefit Guaranty Corporation  Part I Annual Report Ide		s in accordance with	the instructions to t	the Fo	orm 5500-SF.	to Public i		
For calendar plan year 2013 or fisca			13	and er	dina 1	2/31/201	3	
A This return/report is for:	a single-employer		ele-employer plan (not			a one-participa		
B This return/report is:	the first return/reg	. 🖽 .	l return/report	moni	anipioyar, [	a one-participa	int plan	
	an amended retur	М	plan year return/repor	rt (less	s than 12 month	ns)		
C Check box if filing under:	Form 5558	· H	tic extension	(		DFVC program	1	
	special extension	(enter description)						
Part II Basic Plan Inform	ation - enter all req	uested information						
1a Name of plan				1b	Three-digit			
WHITNEY'S 401(K) F	'LAN				plan number (F	'N) ►	001	
				1c	Effective date	of plan	_	
					01/0	L/1994		
2a Plan sponsor's name and address; i	nclude room or suite nu	mber (employer, if for sin	igle-employer plan)	2b	Employer Ident	ification Numb	er (EIN)	
WHITNEY'S INC					91-0	558758		
				2c	Sponsor's tele	phone number		
PO BOX 750				360	<u>-249-44:</u>	31		
				2d	Business code		ns)	
MONTESANO	WA 98				4411:			
3a Plan administrator's name and a	address 🛚 Sama as P	Plan Sponsor Name X Sam	as Plan Sponsor Address	3b	Administrator's	EIN		
				3c Administrator's telephone number				
4 If the name and/or EIN of the pla	n sponsor has chang	ed since the last return	n/report filed for this	4b	EIN			
plan, enter the name, EIN, and th	e plan number from t	he last return/report.						
a Sponsor's name				4c	PN			
5a Total number of participants at	the beginning of the	plan year		5a		72		
b Total number of participants at				5b		0		
C Number of participants with ac	count balances as of	the end of the plan ye	ar (defined	l_		•		
benefit plans do not complete				5c		0 M	<del></del>	
6a Were all of the plan's assets du						X Ye	s U No	
b Are you claiming a waiver of th						X Ye	s No	
(IQPA) under 29 CFR 2520.104	-46? (See instruction	s on waiver eligibility a	nd conditions.)				2 □ 140	
If you answered "No" to eithe	r line 6a or line 6b, t	the plan cannot use F	orm 5500-SF and ma	ust in: 112	Yes	No ∏No	t determined	
C If the plan is a defined benefit plan,	is it covered under the F	PBGC insurance program	the section 402	1)1				
Caution: A penalty for the late or	incomplete filing of	this return/report wil	l De assessed uniess	inad II	hie return/repor	including if a	policable, a	
Under penalties of perjury and other Schedule SB or Schedule MB comp	r penalties set forth in	i the instructions, I dec an enrolled actuary, as	well as the electronic	versi	on of this return	/report, and to	the best of	
my knowledge and belief, it is true,	correct, and complete	).	Won as the secondary					
m, monocogo grapación					/ /			
SIGN X Tomas	10,16	2.11-11	Stern	12/	(-) (1)			
luene / / / / / / /		Date	Enter name of indivi	dual s	igning as plan a	dministrator		
Signature of plan administ	rator	Date						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
SIGN HERE		Data	Enter name of indivi	duals	igning as emple	oyer or plan spe	onsor	
	n sponsor	Date				ephone numbe	r (optional)	
Preparer's name (including firm na	me, if applicable) and	address; include room	ii oi gaile iiaiiiee. (epi		<b>\</b>			
					360-533	-3370		
LONNIE RICH CPA	ra DC							
AIKEN & SANDERS IN	NC PS				[			
343 W WISHKAH ST	WA 98	520						
ABERDEEN	WA JO							
						P	5500-SF (2013	
For Paperwork Reduction Act No	Non and OMB Cont	rol Numbers, see the	instructions for Form	m 550	0-SF.	+orm :	v.13011	
For Paperwork Reduction Act No	Otice and Omb Cont							
07-17-13			2				195232	

Pa	rt III   Financial Information										
7				a) Beginning of Year				(b) End of Year			
a	Total plan assets	7a	,,		5,0				0		
ь	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	555,042								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	_								
	(2) Participants	8a(2)			5,3	55					
	(3) Others (including rollovers)	8a(3)	(3)								
b	Other income (loss) SEE STATEMENT 1	8b		6	3,3	73					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							68,728		
d	Benefits paid (including direct rollovers and insurance premiums to provide										
	benefits)	8d	612,076			76	STATEMENT 2				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		1	1,6	94	STATEMENT 3				
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							23,770		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				- 4.	555,042				
į.	Transfers to (from) the plan (see instructions)	8j									
	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension feature co 2E 2G 2J 3D	des fro	m the List of	Plan	Chara	acteris	tic Code	es in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	es from	the List of P	lan C	harac	teristi	c Codes	in the ins	tructions:		
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No		Amour	nt		
а	Was there a failure to transmit to the plan any participant contributions within the time p	eriod de	scribed								
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct	ion Pro	gram.)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc	clude									
	transactions reported on line 10a.)			10b		X					
	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 fidelity bond					l					
	was caused by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons	by an in	surance			]					
	carrier, insurance service, or other organization that provides some or all of the	e benef							4 544		
_	the plan? (See instructions.)			10e	X			_	1,744		
	Has the plan failed to provide any benefit when due under the plan?			10f		X	<u> </u>				
	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g		X	<u> </u>				
h	If this is an individual account plan, was there a blackout period? (See instruc	tions				۱.,			94.0		
_	and 29 CFR 2520.101-3.)			10h		X	<u> </u>				
ı	If 10h was answered "Yes," check the box if you either provided the required	notice (				۱.,					
<u> </u>	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		Х					
	rt VI Pension Funding Compliance						_				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y Schedule SB (Form 5500) and line 11a below)		instructions	and	comp	lete		☐ Yes_	X No		
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of secti					11a of ERIS	A?	Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicate										
a	If a waiver of the minimum funding standard for a prior year is being amortized		plan year, se	e ins	truction	ons, a	nd enter	the date of	of the letter		
	ruling granting the waiver.		Month		Da			Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form			ine 1	3.						
	Enter the minimum required contribution for this plan year					12b					