For	m 5500-SF	Short Form Annual Ret	•	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	enefit Plan	nd 4065 of the Employe	0	2012			
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058					
	nefit Guaranty Corporation	 Complete all entries in accordation 	,	,	0-SF.	Inspection			
Part I		entification Information							
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012			
	urn/report is for:			an (not multiemployer)		a one-participant plan			
B This retu	urn/report is:		e final return/report						
•				n/report (less than 12 m	onths				
C Check b	oox if filing under:		utomatic extension			X DFVC program			
Dort II	Basia Blan Inform	special extension (enter description)							
Part II1aName of		nation—enter all requested information	on		1h	Three-digit			
	401(K) PLAN					plan number			
						(PN) ▶ 001			
					1C	Effective date of plan 01/01/1994			
2a Plan sp WHITNEY'S	oonsor's name and addr	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identification Number			
					2c	Sponsor's telephone number			
PO BOX 750 MONTESAN) O, WA 98563	123 W PIONEE MONTESANO,			2d	360-249-4431 Business code (see instructions)			
					20	441110			
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
					30	Administrator's telephone number			
4 If the n	ame and/or EIN of the p	lan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	EIN			
name,	EIN, and the plan numb	er from the last return/report.	·	• •					
a Sponso		de la state de la state de la secon			4c				
-		the beginning of the plan year			5a	78			
		the end of the plan year			5b	72			
		count balances as of the end of the plan			5c	18			
6a Were	all of the plan's assets d	uring the plan year invested in eligible a	assets? (See instruct	tions.)		X Yes No			
		e annual examination and report of an				X Yes 🗌 No			
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot							
		incomplete filing of this return/repor							
		r penalties set forth in the instructions, I							
	dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as well a te.	as the electronic vers	sion of this return/report	, and	to the best of my knowledge and			
SIGN	Filed with authorized/va	lid electronic signature.	02/12/2014	STORMY GLICK					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	ning as plan administrator			
SIGN									
HERE	Signature of employe		Date			ning as employer or plan sponsor			
Preparer's I		ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	parer's telephone number (optional)			
AIKEN & SA	NDERS INC PS					360-533-3370			
343 W WISH ABERDEEN									

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	51528	4			555042
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	51528	4			555042
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	9 ₂ (1)	294	٨			
(1) Employers		1758				
(2) Participants		1750	0			
b Other income (loss)		7549	1			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		7040				96015
d Benefits paid (including direct rollovers and insurance premiums						90015
to provide benefits)	8d	4942	4			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	683	3			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					56257
i Net income (loss) (subtract line 8h from line 8c)	8i					39758
J Transfers to (from) the plan (see instructions)						
b If the plan provides welfare benefits, enter the applicable welfare f	feature codes	from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
				Yes	No	Amount
During the plan year:a Was there a failure to transmit to the plan any participant contribution			10a	Yes	No X	Amount
10 During the plan year:	luciary Correc st? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes	-	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	luciary Correc at? (Do not inc	tion Program) lude transactions reported		Yes	X	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.). 	luciary Correc st? (Do not inc s fidelity bond,	tion Program) Iude transactions reported 	10b	Yes	X X	Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's 	luciary Correc t? (Do not inc s fidelity bond, her persons b of the benefit:	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c	Yes	x x x	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefits	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud , an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefits	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x x	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefit: an? as of year end (See instructi	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e		x x x x x x	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.). c Was the plan covered by a fidelity bond?	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefit: an? as of year end (See instruction the required n	tion Program) dude transactions reported 	10b 10c 10d 10e 10f 10g		x x x x x x x x	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefit: an? as of year end (See instruction the required n	tion Program) dude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x x x	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond?	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefit: an? as of year end (See instruction the required n 01-3 nents? (If "Year	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	(Form
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.100 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefits an? (See instruction (See instruction the required n 01-3	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	(Form
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below). 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefit: an? as of year end (See instruction the required n 01-3 nents? (If "Yes	tion Program) elude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	·(Form
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.)	luciary Correc at? (Do not inc s fidelity bond, her persons b of the benefit: an? as of year end (See instruction the required n 01-3 nents? (If "Yest g requirement:	tion Program) dude transactions reported , that was caused by fraud , the plan? (See , the p	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	·(Form
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding 	luciary Correc it? (Do not inc it? (Do not inc it? (Do not inc is fidelity bond, her persons b of the benefit: an? as of year end (See instruction the required n)1-3 nents? (If "Year g requirement: y, as applicabl ing amortized	tion Program) elude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Sched	X X X X X X X X X Ule SB	· (Form
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a sceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to the minimum funding requiren 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a Ha awiver of the minimum funding standard for a prior year is beilt 	luciary Correc at? (Do not inc s fidelity bond, her persons b of the benefits an? as of year end (See instruction the required n)1-3 nents? (If "Year g requirements v, as applicabl ing amortized	tion Program) elude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Sched	X X X X X X X X X X Ule SB 11a S02 of E	(Form Yes ERISA? Yes e date of the letter ruling
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 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 2520.101 art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below). Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bei granting the waiver. 	luciary Correc it? (Do not inc is fidelity bond, her persons b of the benefit: an? as of year end (See instruction the required n 01-3 nents? (If "Yest g requirement: y, as applicabl ing amortized Ie MB (Form	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i 0 cor sec ctions,	X Sched	X X X X X X X X X X Ule SB 11a S02 of E	(Form Yes ERISA? Yes e date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	ne 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	a resolution to terminate the plan been adopted in any plan year?	X	Yes No)	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Form 5500-SF		Short Form			turn/F enefit	Report of Small	Emp	loyee	ОМВ	Nos. 1210-0110 1210-0089
Dopartment of the Treasury Internal Revenue Service		This form is require	d to be filed	t ur	nder sed	tions 104 and 4065	of the	Employee	2	012
Department of Labor Employee Benefits Security Administration		c	of the Interna	al F	Revenue	IISA), and sections 6 Code (the Code).				rm is Open
Pension Benefit Guaranty Corporation				ian	ce with	the instructions to	the F	orm 5500-SF.	to Public	Inspection
				0.	1/20	12	204.0	adiaa 1	2/31/20	12
For calendar plan year 2012 or f A This return/report is for:	X					bie-employer plan (no	and e		a one-partici	
B This return/report is:	٣	the first return/rep	· ·	Η		l return/report	it mon		J a Uno-partici	pant plan
	Г	an amended retui	1	Π		plan year return/rep	ort (les	is than 12 mon	ihs)	
C Check box if filing under:	Ľ	Form 5558			automa	tic extension		X	DFVC progra	m
		special extension								
Part II Basic Plan Info	rma	ION - enter all req	uested infor	ma	ation		46	The second tests		
1a Name of plan WHITNEY'S 401(K)	PL	AN					1.0	Three-digit plan number (PN) 🕨	001
							1c	Effective date	of plan 1/1994	
2a Plan sponsor's name and addrew HITNEY'S INC	ss; inc	lude room or suite nu	mber (employ	yer	, il lor sir	ngle-employer plan)	2b	Employer Ider		nber (EIN)
PO BOX 750								Sponsor's tele 0 - 249 - 44		ər
MONTESANO		WA 98	563				2d	Business cod 4411		ions)
3a Plan administrator's name a	nd ad	dress X Same as F	Plan Sponsor Na	2/110	X Sam	e as Plan Sponsor Address	3b	Administrator	's EIN	
							3c	Administrator	's telephone n	umber
4 If the name and/or EIN of the	•	• •				n/report filed for this	4b	EIN		
plan, enter the name, EIN, an a Sponsor's name	a me	pian number from t	ine iast retui	111/1	report.		4c	PN		
5a Total number of participant	s at th	e beginning of the	plan year				5a		78	
b Total number of participant	s at th	e end of the plan y	/ear		•••••		5b		72	
C Number of participants with					• •	•	5c		18	
6a Were all of the plan's asset										/es No
b Are you claiming a waiver o										
(IQPA) under 29 CFR 2520.									X	res 🗌 No
If you answered "No" to e	ither i	ine 6a or line 6b, t	the plan car	nno	ot use F	orm 5500-SF and n	nust ir	nstead use For	m <u>5500.</u>	
Caution: A penalty for the late				_						
Under penalties of perjury and o Schedule SB or Schedule MB co my knowledge and belief, it is th	omplet	led and signed by a	an enrolled a	tior act	ns, I dec uary, as	clare that I have exam well as the electron	nined ic vers	this return/repo ilon of this retur	rt, including, i n/report, and	f applicable, a to the best of
1tt	~	1911	ŕ							
SIGN Alor		XIIIA	2/12	/1	4 1	STORMY GL	CK			
Signatore of plan admit	nistra	tor /	Date			Enter name of Indiv	idual :	signing as plan	administrator	
SIGN HERE										
Signature of employer/			Date			Enter name of indiv		<u> </u>	oyer or plan s	ponsor
Preparer's name (including firm	name	, if applicable) and	address; inc	clu	de room	or suite number (op	tional)	Preparer's te	lephone numb	er (optional)
LONNIE RICH CPA								360-533	-3370	
AIKEN & SANDERS	INC	PS	1						5570	
343 W WISHKAH ST										
ABERDEEN		WA 98	520							
For Paperwork Reduction Act I	Notice	and OMB Contro	Numbers.	. Se	e the ir	structions for Form	n 5500)-SF.	Form	5500-SF (2012)
218571 08-10-12						າ ວ				v.120126

Form 5500-SF (2012)		<u>Pa</u>	gə	2- [L		
Part'III Financial Information	_							
	TT	(a) Beginn				(h)	End of Y	0.04
7 Pian Assets and Liabilities		(a) begunn	明	$\frac{61}{5,2}$	ar 0 / -	10,	E	5,042
a Total plan assats	7 a			3,4	04			5,042
b Total plan Babilities	76			5,2	8.4		YE	5,042
O Nat plan assets (subtract line 7b from line 7a)	70				04			3,042
8 Income, Expenses, and Transfers for this Plan Year		(B) An	101	m t		— —	(b) Total	
a Contributions received or receivable from:				2,9	A A	· · .		• • . •
(1) Employers	Be(1)			4,3 7,5				
(2) Participants	8a(2)		1	1,3	00			
(3) Othera (Including rollovera) b Other Income (lose) SEB STATEMENT 1	Ba(3)		-7	2 7	01			
	85		/	5,4	9Ť		· · · ·	6,015
C Total Income (add Enes 8s(1), 8s(2), 8s(3), and 8b)	<u>8c</u>	•		_			9	0,015
d Benefits paid (including direct relievers and insurance premiums to provide				~ ^	• •			
bsnefits)	8d		4	9,4	24	Stat	ISMIS/VI	2
Certain deemed and/or corrective distributions (see instructions)	B e							
f Administrative service providers (salarles, fees, commissions)	<u>81</u>			6,8	<u>33</u>	Stat	EMENT	3
g Other expenses	8g					· ·		
h Total expenses (add Inea Bd, Be, 81, and 89)	8h							6,257
i Net income (cess) (subtract line 8h from line 8c)	81						3	9,758
Transfers to (from) the plan (see Instructions)	8]					• •		
Part IV Plan Characteristics								
Part V. Compliance Questions	_		7	Yes	No		Amount	
a Was there a fallure to transmit to the plan any participant contributions within the time pe	riod des	cribed						
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction			ba		X			
b Were there any nonexempt transactions with any party-in-interest? (Do not inc			-					
transactions reported on line 10a.)		10	ъ		X			
C Was the plan covered by a fidelity bond?					X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond				_				
was caused by fraud or dishonasty?			ыİ		X			
O Were any fees or commissions paid to any brokers, agents, or other persons b		SURGEO I						
carrier, insurance service or other organization that provides some or all of the								
carter, insurance service or other organization that provides some or all of the the plan? (See instructions.)	benefit	ts under		x				3,244
the plan? (See Instructions.)	benefit		-	x	X			3,244
	benefit	ts under 10	H	<u>x</u>	X			3,244
the plan? (See instructions.) 1 Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If 'Yes,' enter amount as of year end	benefit	15 under 10	H	x	_			3,244
the plan? (See instructions.) 1 Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year end h If this is an individual account plan, was there a blackout period? (See instruct	benefit	ls under 10 10 10	H	<u>x</u>	X			3,244
the plan? (See instructions.) 1 Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year end 1 If this is an individual account plan, was there a blackout period? (See instruct and 29 CFR 2520.101-3.)	benefit I.)	is under 10 	H	<u>x</u>	_			3,244
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