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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	art I		Identification Information							
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
Α	This ret	turn/report is for:	xingle-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan			
		turn/report is for:	first return/report	=	final return/report					
_	an amended return/report short plan year return/report (less than 12 m									
_							□ pr/c			
C	Check I	box if filing under:	Form 5558	ш	c extension		DFVC program			
			special extension (enter desc	· · ·						
Pa	art II	Basic Plan Info	ormation—enter all requested in	formation						
	Name					1b	Three-digit			
HAR	OLD EN	NTERPRISES, INC. 40	01(K) RETIREMENT PLAN				plan number 001			
						10	(PN) DOT			
						10	Effective date of plan 01/01/1993			
2a	Plan si	nonsor's name and ad	Idress (employer, if for single-employer)	over plan)		2h	Employer Identification Number			
		NTERPRISES, INC.	diess (employer, il for single empl	Oyer plani			(EIN) 91-1144940			
						2c	Plan sponsor's telephone number	r		
		H AVENUE NE, SUIT	E 210				425-284-5608			
KIRK	LAND,	WA 98034				2d	Business code (see instructions)			
32	Dlon	dministrator's name a	nd address (if same as Plan spons	or ontor "Com	, , , , , , , , , , , , , , , , , , ,	3h	541990 Administrator's EIN			
		NTERPRISES, INC.			E NE, SUITE 210	30	91-1144940			
		2 2,		ND, WA 98034		3c	Administrator's telephone number	 r		
							425-284-5608			
			plan sponsor has changed since the		eport filed for this plan, enter the	4b EIN				
I	name, E	EIN, and the plan num	ber from the last return/report. Spe	onsor's name		40	PN			
52	Total r	number of participants	at the heginning of the plan year					_		
							5′			
b			• •			5b	51	0		
С			with account balances as of the en	•	5с	4	7			
62										
b	- Total and the plant according the plant year invested in original according to									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
				se Form 5500	-SF and must instead use Form 55	500.				
Pa	Part III Financial Information									
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total p	plan assets		7a	164143	5	225764	0		
b										
С	Net pla	an assets (subtract lin	e 7b from line 7a)	7c	164143	5	225764	0		
8	Incom	e. Expenses, and Trai	nsfers for this Plan Year		(a) Amount		(b) Total			
а		butions received or re			(2), 2 2222		(1)			
	(1) E	mployers		8a(1)	3312	8				
	(2) Pa	articipants		8a(2)	13251	2				
	(3) Ot	thers (including rollove	ers)	8a(3)						
b	Other	income (loss)		8b	50599	5				
С	Total i	income (add lines 8a(1	I), 8a(2), 8a(3), and 8b)	8c			67163	5		
d			ct rollovers and insurance premium							
	to prov	vide benefits)		8d	5540	0				
е	Certai	n deemed and/or corre	ective distributions (see instructions	s) 8e		_				
f	Admin	nistrative service provid	ders (salaries, fees, commissions).	8f	3	0				
g	Other	expenses		8g						
h	Total e	expenses (add lines 8	d, 8e, 8f, and 8g)	8h			5543	0		
i	Net in	come (loss) (subtract l	line 8h from line 8c)	8i			61620	5		
j			(see instructions)							

Part IV	Plan	Charac	teristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

If the plan provides welfare benefits, enter t

D	it the	e plan provides wellare benefits, enter the applicable wellare fleature codes from the List of Plan Cha	racteris	tic Co	des in	tne inst	ructions	:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X				2	000000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the	40:						
art		eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
11		Pension Funding Compliance is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sched	lule SE	 3 (Form		-	_
		0))						Yes	X No
2	ls tl	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ction :	302 of	ERISA	?	Yes	X No
	(If "\	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst							
lf v	-	nting the waiverMccomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			Day		_ Yea	ır	
				Γ	12b				
	2 Enter the minimum required contribution for this plan year.								
	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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?								
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," 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 control of the PBGC?									
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)				
1	3c(1)) Name of plan(s):		13	c(2) El	iN(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reason	ıble cau	ıse is	estab	lished.	<u> </u>		
Jnde	r per	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this redule MB completed and signed by an enrolled actuary, as well as the electronic version of this retu	eturn/re _l	port, ir	ncludin	ıg, if app	,		
		true, correct, and complete.		.,					
SIGI	, F	iled with authorized/valid electronic signature. 07/07/2010 MICHAEL PRU	ETT						

SIGN	Filed with authorized/valid electronic signature.	07/07/2010	MICHAEL PRUETT				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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 section 6058(a) of the

Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 0	1/01/2	009	and ending		12/31/200	9		
Α	This return/report is for: X single-employer plan	multiple-e	mployer pla	n (not multiemployer)		one-participa	nt plan		
В	nis return/report is for: first return/report final return/report								
	an amended return/report	short plan	year return.	report (less than 12 mo	nths)				
С	Check box if filing under: Form 5558	extension			DFVC progra	m			
-	special extension (enter descriptio	n)							
Pa	rt II Basic Plan Information—enter all requested informa	ation							
	Name of plan				1b	Three-digit			
	Harold Enterprises, Inc.					plan number			
	401(k) Retirement Plan				4 -	(PN) •	001		
					10	Effective date of 01/01/1993			
2a	Plan sponsor's name and address (employer, if for single-employer Harold Enterprises, Inc.	plan)			2b	Employer Identii			
	Harold Enterprises, Inc.					(EIN) 91-114			
					2c	Plan sponsor's t (425) 284 - 5	elephone number		
	12220 113th Avenue NE, Suite 210				2d	Business code (
	Kirkland			98034		541990			
3a	Plan administrator's name and address (if same as Plan sponsor, $e_{ ext{SAME}}$	nter "Same	∍")		3b	Administrator's 1	EIN		
					3c	Administrator's t	elephone number		
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for	this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	rs name			4c	PN			
5a	Total number of participants at the beginning of the plan year		5a		51				
b	Total number of participants at the end of the plan year		5b		50				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not									
	complete this item)				5c		47		
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
IJ	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and mus	t instead use Form 55	00.				
Pa	rt III Financial Information					······································			
7	Plan Assets and Liabilities		(a)	Beginning of Year		(b) End	of Year		
a	Total plan assets	7a		1,641,43	35		2,257,640		
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		1,641,43	35		2,257,640		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	•		(a) Amount		(b) 1	Total		
а	(1) Employers	8a(1)		33,12	28				
	(2) Participants	8a(2)		132,53	12	· · · · · · · · · · · · · · · · · · ·			
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		505,99	∍5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					671,635		
d	Benefits paid (including direct rollovers and insurance premiums	ده ا		55,40	00				
۵	to provide benefits)	8d 8e		JJ, 10	-				
e f	Administrative service providers (salaries, fees, commissions)	oe 8f			30				
g	Other expenses	8g		-	<u> </u>				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					55,430		
ì	Net income (loss) (subtract line 8h from line 8c)	8ì					616,205		
j	Transfers to (from) the plan (see instructions)	8j							

						*		
		Form 5500-SF 2009 Page 2	2-					
Par	f IV	Plan Characteristics						
The second second	An exercise to be con-	e plan provides pension benefits, enter the applicable pension feature codes from the List	of Plan Chara	cteris	tic Co	des in	the instruction	ons:
	X	2E 2F 2G 2J 2K 2T 3D 3H						
b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of	of Plan Chara	cterist	ic Coo	des in t	he instructio	ns:
Part	\/	Compliance Questions					7	
10	SHEET I	ring the plan year:			Yes	No	Λ	mount
а		as there a failure to transmit to the plan any participant contributions within the time period	described in		100	110	^	mount
14		9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	· · · · · · · · · · · · · · · · · · ·	10a		X		
D		ere there any nonexempt transactions with any party-in-interest? (Do not include transactio line 10a.)		10b		X		
С		as the plan covered by a fidelity bond?	0.0000000000000000000000000000000000000	10c	X			2,000,000
d	Dic	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caus	sed by fraud		21			2,000,000
		dishonesty?	i i	10d		Х		
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance urance service or other organization that provides some or all of the benefits under the pla tructions.)	an? (See	10e		Х		
f		s the plan failed to provide any benefit when due under the plan?	ľ	10f		х		
q	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)		10a		х		
h	lf t	his is an individual account plan, was there a blackout period? (See instructions and 29 CF 20.101-3.)	FR	10h	311-1-1-1	х		
i	lf 1	10h was answered "Yes," check the box if you either provided the required notice or one of ceptions to providing the notice applied under 29 CFR 2520.101-3	the	10i				
Part	VI	Pension Funding Compliance	***************************************					
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruct						Yes X No
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 41	2 of the Code	or se	ction 3	302 of I	ERISA?	Yes X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year Inting the waiver.						
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk				Duy.		
b	En	ter the minimum required contribution for this plan year				12b		
C	En	ter the amount contributed by the employer to the plan for this plan year				12c		
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus si gative amount)				12d		
е	Wil	Il 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				21- 34- 34		
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?		******				Yes X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a		
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan	22 (57.)					Yes X No
C	If c	the PBGC?						Yes X No
	V 400 AV 1909	ich assets or liabilities were transferred. (See instructions.)	378-25HMA		42	c(2) =1	N(e)	13c/3\ DN/c\
	30(1) Name of plan(s):			13	c(2) El	14(5)	13c(3) PN(s)
0 1	• 250-1-4	A panelty for the late or incomplete filling of this return/report will be accessed unle					: To star	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Michael Brutt	6/17/2010	Michael Pruett
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Michael Prott	6/17/2016	Michael Pruett
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor