Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [X] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HIGHT ENTERPRISES, LTD. 401K SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HIGHT ENTERPRISES, LTD.

2525 ARAPAHOE AVENUE
BOULDER, CO 80302

2b Employer Identification Number (EIN) 84-0572205

2c Sponsor's telephone number 303-443-1822

2d Business code (see instructions) 444130

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/15/2010	BARRY HIGHT
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HIGHT ENTERPRISES, LTD.

2525 ARAPAHOE AVENUE
BOULDER, CO 80302

3b Administrator's EIN
84-0572205

3c Administrator's telephone number
303-443-1822

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	236
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	224
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	241
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	242
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	127
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HIGHT ENTERPRISES, LTD. 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
HIGHT ENTERPRISES, LTD.

D Employer Identification Number (EIN)
84-0572205

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
93-0242990	69019	502557	242	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4000	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOFGARD AND COMPANY, INC.
1775 SHERMAN ST STE 2700
DENVER, CO 80203

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
4000			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1411124
5	Current value of plan's interest under this contract in separate accounts at year end	5	4314402

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1533756
c	Additions: (1) Contributions deposited during the year	7c(1)	124635		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	47682		
	(4) Transferred from separate account	7c(4)	53805		
	(5) Other (specify below)	7c(5)	11860		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	237982
d	Total of balance and additions (add **b** and **c(6)**)			7d	1771738
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	55609		
	(2) Administration charge made by carrier	7e(2)	581		
	(3) Transferred to separate account	7e(3)	280856		
	(4) Other (specify below)	7e(4)	23568		
	▶ LOAN ISSUES				
	(5) Total deductions			7e(5)	360614
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1411124

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HIGHT ENTERPRISES, LTD. 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HIGHT ENTERPRISES, LTD.

D Employer Identification Number (EIN)
84-0572205

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STANCORP FINANCIAL GROUP

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	21469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HIGHT ENTERPRISES, LTD. 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HIGHT ENTERPRISES, LTD.

D Employer Identification Number (EIN)
84-0572205

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT A

b Name of sponsor of entity listed in (a): STANDARD INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-0242990-005	P	4314402

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HIGHT ENTERPRISES, LTD. 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HIGHT ENTERPRISES, LTD.

D Employer Identification Number (EIN)
84-0572205

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	718	2739
(2) Participant contributions	1b(2)	3677	11847
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	116355	138356
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2878222	4314402
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1533756	1411124
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4532728	5878468
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4532728	5878468

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	76581	
	(B) Participants	2a(1)(B)	392905	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		469486
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	7484	
	(F) Other	2b(1)(F)	47681	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		55165
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1007782
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1532433
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	184773	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		184773
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1920	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1920
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		186693
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1345740
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: R. WAIDLER & ASSOC., PC (2) EIN: 59-3778413

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HIGHT ENTERPRISES, LTD. 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HIGHT ENTERPRISES, LTD.

D Employer Identification Number (EIN)
84-0572205

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 93-0242990

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Financial Statements with Accompanying Auditors' Report

December 31, 2009

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R. Waidler & Associates, PC
Certified Public Accountants

3005 Center Green Drive, Suite 215
Boulder, CO 80301
303-442-6800
Fax 303-442-1435

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Hight Enterprises, Ltd.
401(k) Savings Plan
Boulder, Colorado

We were engaged to audit the financial statements of Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Standard Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that The Standard Insurance Company holds the Plan's participant-directed assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

R. WAIDLER & ASSOCIATES, P.C.

R. Waidler & Associates, P.C.

October 13, 2010
Boulder, Colorado

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair market value:		
Pooled separate accounts	$ 4,314,402	$ 2,878,222
Investments, at contract value:		
Guaranteed Accounts	1,411,124	1,533,756
Investments, at cost:		
Participant loans	138,356	116,355
Total Investments	5,863,882	4,528,333
Receivables:		
Participant contributions	11,162	3,677
Roth elective deferrals	685	-
Employer matching contributions	2,739	718
	14,586	4,395
Total Assets	5,878,468	4,532,728
Net Assets Available for Benefits	**$ 5,878,468**	**$ 4,532,728**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the year ended December 31, 2009

Additions to Net Assets Available for Benefits Attributed to:	
Investment Income -	
Net appreciation (depreciation) (realized and unrealized) in fair value of investments	$ 1,007,782
Interest and dividend income	55,165
Total Investment Income (Loss)	1,062,947
Contributions -	
Participants' elective deferrals	353,752
Participants' Roth elective contributions	39,153
Employer's matching contributions, net of forfeitures	76,581
Total Contributions	469,486
Total Additions	1,532,433
Deductions from Net Assets Available for Benefits Attributed to:	
Benefits paid to participants	184,773
Administrative expenses	1,920
Total Deductions	186,693
Increase in Net Assets Available for Benefits	1,345,740
Net Assets Available for Benefits:	
Beginning of Year	4,532,728
End of Year	**$ 5,878,468**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Notes to Financial Statements
December 31, 2009

NOTE 1: DESCRIPTION OF PLAN

Hight Enterprises, Ltd. (the "Sponsor or "Company") has established the Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") for its employees. The following brief description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering substantially all employees of the Company who have completed six months of service (as defined) and have attained the age of twenty-one or older. Eligible employees can become participants on the first day of each calendar quarter, after satisfying the minimum age and service requirements. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 ("ERISA").

Plan Administration
The Plan is administered by the Sponsor. The Standard Insurance Company is the Plan's third-party administrator, the trustee, and custodian for all Plan investments (herein referred to as "Trustee" or "Custodian"). Beginning October 1, 2010, The Plan has switched to Fidelity Investments as third-party administrator, trustee, and custodian for all Plan investments *(See Note 9).*

Plan Amendments
The Plan was amended effective January 1, 2008, to begin accepting Roth Elective Contributions made on behalf of participants. Participants' Roth Elective Contributions are allocated to a separate account maintained by the Plan. Gains, losses, and other earnings, credits or charges are separately allocated on a reasonable and consistent basis to each participant's Roth Elective Contribution Account and the participant's other accounts under the Plan. Direct rollovers to another Roth Elective Contribution Account or Roth IRA are allowed only to the extent the rollover is permitted under the rules of Code sec. 402(c). In addition, the Plan will accept rollover contributions from a Roth Elective Contribution Account or Roth IRA under the same IRS Code section.

NOTE 1: DESCRIPTION OF PLAN *(continued)*

Contributions
Contributions are made at the election of the employee. Subject to certain limitations prescribed by the Internal Revenue Code, election amounts may be between two percent and 100 percent of the employee's compensation. The Company will match one hundred percent of the employee's deferral contribution for the first two percent of employee compensation contributed. The Company also may elect to contribute a discretionary amount to the Plan, determined annually by the Board of Directors.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Any discretionary contribution made by the Company will be allocated based upon the ratio of an employee's compensation to total compensation of all participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participant Directed Investments
The Plan permits participant-directed investments. Participant's accounts are self-directed and participants can invest, at their own discretion, in pooled separate accounts administered by the Custodian, or guaranteed accounts, which are a general account obligation of the Custodian. Participants may change their investment options daily, although such practices are discouraged.

Participant Loans
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. Loan terms range from 1-5 years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 3.25% to 5.25%. Principal and interest is paid ratably through weekly or bi-weekly payroll deductions.

NOTE 1: **DESCRIPTION OF PLAN** *(continued)*

Vesting
Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant becomes 100% vested after five years of credited service. As of December 31, 2009, the Company's matching and discretionary contributions were subject to the following schedule:

Full Years of Service	Percentage Vesting
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Administrative Expenses
Certain loan processing fees are charged directly to the respective participants' accounts. Substantially all other administrative costs are paid by the Sponsor.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annuity payments over a fixed period of time.

Withholding Taxes
The Plan is required to withhold 20% of distributions not directly transferred to another qualified plan or IRA account. These funds are then remitted to the Internal Revenue Service.

Forfeited Accounts
Forfeitures are used to reduce employer contributions. For the year ended December 31, 2009, forfeitures totaled $569.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for investments in guaranteed accounts and participant loans. Shares of pooled separate accounts are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Investments in guaranteed accounts are valued at contract value. Contract value represents contributions made plus interest earned on those contributions, which approximates fair market value. Participant loans are valued at cost, which approximates fair market value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3: INVESTMENTS

Unaudited Information Certified by the Plan Trustee

The December 31, 2009 and 2008 Statement of Net Assets Available for Benefits, the investment activities include on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, the accompanying notes to the financial statements, and supplemental schedule were prepared in part or entirely from information certified by the Trustee in accordance with 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

NOTE 3: INVESTMENTS *(continued)*

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2009	December 31, 2008
Investments at Fair Value as Determined By Quoted Market Price		
Pooled Separate Accounts:		
Vanguard Wellington Fund	$ 482,369	$ -
Dodge & Cox Balanced Fund	-	352,225
Vanguard 500 Index Admiral Fund	647,564	474,931
T. Rowe Price Mid Cap Growth Fund	366,370	221,853
Rainier Small/Mid Cap Equity I Fund	520,494	445,192
Harbor Capital Appreciation Fund	582,143	361,117
William Blair Intl Growth I Fund	505,374	236,798
Investments at Contract Value		
Guaranteed Accounts	1,411,124	1,533,756

During 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

Investments at Fair Value as Determined By Quoted Market Price	
Pooled Separate Accounts	$ 1,007,782
Investments at Contract Value	
Guaranteed Accounts	-
Investments at Cost	
Participant Loans	-
	$ 1,007,782

NOTE 4: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5: INCOME TAX STATUS

The Plan obtained its latest determination letter on February 14, 2003, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 6: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts and guaranteed accounts managed by The Standard Insurance Company. The Standard Insurance Company is a trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

During the year ended December 31, 2009, fees paid by the Plan or on behalf of the Plan for legal, accounting, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE 7: PLAN WITHDRAWALS

At December 31, 2009, there were no funds allocated to Plan participants who had elected to withdraw from the Plan but had not been paid.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9: SUBSEQUENT EVENTS

Effective October 1, 2010, The Plan has transferred all of its investments from Standard Insurance Company to Fidelity Investments. Participants' investment options are similar to their options under Standard. Additionally, Fidelity is serving as third-party administrator for the Plan.

SUPPLEMENTAL SCHEDULE

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

EIN 84-0572205 PN 002

December 31, 2009

(a)	(b) Indentity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Standard Insurance Company	Harbor Bond Fund	**	$ 270,185
*	Standard Insurance Company	Vanguard Wellington Fund	**	482,369
*	Standard Insurance Company	Vanguard Windsor II Admiral Fund	**	152,134
*	Standard Insurance Company	Turner Core Growth II Fund	**	169,459
*	Standard Insurance Company	Vanguard 500 Index Admiral Fund	**	647,564
*	Standard Insurance Company	T. Rowe Price MidCap Growth Fund	**	366,370
*	Standard Insurance Company	Rainier Small/Mid Capital Equity Portfolio Fund	**	520,494
*	Standard Insurance Company	Harbor Capital Appreciation Fund	**	582,143
*	Standard Insurance Company	Vanguard Explorer Admiral Fund	**	203,890
*	Standard Insurance Company	JP Morgan Midcap Value Fund	**	220,156
*	Standard Insurance Company	Vanguard Midcap Index Investor Fund	**	194,264
*	Standard Insurance Company	William Blair International Growth I Fund	**	505,374
*	Standard Insurance Company	Group Annuity Contract Guaranteed Interest Fund	**	1,411,124
	Participant Loans	Various maturity dates, interest 3.25% - 5.25%	-	138,356
				$ 5,863,882

* party-in-interest

** cost omitted for participant directed investments

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Financial Statements with Accompanying Auditors' Report

December 31, 2009

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R. Waidler & Associates, PC
Certified Public Accountants

3005 Center Green Drive, Suite 215
Boulder, CO 80301
303-442-6800
Fax 303-442-1435

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Hight Enterprises, Ltd.
401(k) Savings Plan
Boulder, Colorado

We were engaged to audit the financial statements of Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Standard Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that The Standard Insurance Company holds the Plan's participant-directed assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

R. WAIDLER & ASSOCIATES, P.C.

R. Waidler & Associates, P.C.

October 13, 2010
Boulder, Colorado

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair market value:		
Pooled separate accounts	$ 4,314,402	$ 2,878,222
Investments, at contract value:		
Guaranteed Accounts	1,411,124	1,533,756
Investments, at cost:		
Participant loans	138,356	116,355
Total Investments	5,863,882	4,528,333
Receivables:		
Participant contributions	11,162	3,677
Roth elective deferrals	685	-
Employer matching contributions	2,739	718
	14,586	4,395
Total Assets	5,878,468	4,532,728
Net Assets Available for Benefits	**$ 5,878,468**	**$ 4,532,728**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the year ended December 31, 2009

Additions to Net Assets Available for Benefits Attributed to:	
Investment Income -	
Net appreciation (depreciation) (realized and unrealized) in fair value of investments	$ 1,007,782
Interest and dividend income	55,165
Total Investment Income (Loss)	1,062,947
Contributions -	
Participants' elective deferrals	353,752
Participants' Roth elective contributions	39,153
Employer's matching contributions, net of forfeitures	76,581
Total Contributions	469,486
Total Additions	1,532,433
Deductions from Net Assets Available for Benefits Attributed to:	
Benefits paid to participants	184,773
Administrative expenses	1,920
Total Deductions	186,693
Increase in Net Assets Available for Benefits	1,345,740
Net Assets Available for Benefits:	
Beginning of Year	4,532,728
End of Year	**$ 5,878,468**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Notes to Financial Statements
December 31, 2009

NOTE 1: DESCRIPTION OF PLAN

Hight Enterprises, Ltd. (the "Sponsor or "Company") has established the Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") for its employees. The following brief description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering substantially all employees of the Company who have completed six months of service (as defined) and have attained the age of twenty-one or older. Eligible employees can become participants on the first day of each calendar quarter, after satisfying the minimum age and service requirements. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 ("ERISA").

Plan Administration
The Plan is administered by the Sponsor. The Standard Insurance Company is the Plan's third-party administrator, the trustee, and custodian for all Plan investments (herein referred to as "Trustee" or "Custodian"). Beginning October 1, 2010, The Plan has switched to Fidelity Investments as third-party administrator, trustee, and custodian for all Plan investments *(See Note 9).*

Plan Amendments
The Plan was amended effective January 1, 2008, to begin accepting Roth Elective Contributions made on behalf of participants. Participants' Roth Elective Contributions are allocated to a separate account maintained by the Plan. Gains, losses, and other earnings, credits or charges are separately allocated on a reasonable and consistent basis to each participant's Roth Elective Contribution Account and the participant's other accounts under the Plan. Direct rollovers to another Roth Elective Contribution Account or Roth IRA are allowed only to the extent the rollover is permitted under the rules of Code sec. 402(c). In addition, the Plan will accept rollover contributions from a Roth Elective Contribution Account or Roth IRA under the same IRS Code section.

NOTE 1: DESCRIPTION OF PLAN *(continued)*

Contributions
Contributions are made at the election of the employee. Subject to certain limitations prescribed by the Internal Revenue Code, election amounts may be between two percent and 100 percent of the employee's compensation. The Company will match one hundred percent of the employee's deferral contribution for the first two percent of employee compensation contributed. The Company also may elect to contribute a discretionary amount to the Plan, determined annually by the Board of Directors.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Any discretionary contribution made by the Company will be allocated based upon the ratio of an employee's compensation to total compensation of all participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participant Directed Investments
The Plan permits participant-directed investments. Participant's accounts are self-directed and participants can invest, at their own discretion, in pooled separate accounts administered by the Custodian, or guaranteed accounts, which are a general account obligation of the Custodian. Participants may change their investment options daily, although such practices are discouraged.

Participant Loans
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. Loan terms range from 1-5 years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 3.25% to 5.25%. Principal and interest is paid ratably through weekly or bi-weekly payroll deductions.

NOTE 1: **DESCRIPTION OF PLAN** *(continued)*

Vesting
Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant becomes 100% vested after five years of credited service. As of December 31, 2009, the Company's matching and discretionary contributions were subject to the following schedule:

Full Years of Service	Percentage Vesting
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Administrative Expenses
Certain loan processing fees are charged directly to the respective participants' accounts. Substantially all other administrative costs are paid by the Sponsor.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annuity payments over a fixed period of time.

Withholding Taxes
The Plan is required to withhold 20% of distributions not directly transferred to another qualified plan or IRA account. These funds are then remitted to the Internal Revenue Service.

Forfeited Accounts
Forfeitures are used to reduce employer contributions. For the year ended December 31, 2009, forfeitures totaled $569.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for investments in guaranteed accounts and participant loans. Shares of pooled separate accounts are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Investments in guaranteed accounts are valued at contract value. Contract value represents contributions made plus interest earned on those contributions, which approximates fair market value. Participant loans are valued at cost, which approximates fair market value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3: INVESTMENTS

Unaudited Information Certified by the Plan Trustee

The December 31, 2009 and 2008 Statement of Net Assets Available for Benefits, the investment activities include on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, the accompanying notes to the financial statements, and supplemental schedule were prepared in part or entirely from information certified by the Trustee in accordance with 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

NOTE 3: INVESTMENTS *(continued)*

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2009	December 31, 2008
Investments at Fair Value as Determined By Quoted Market Price		
Pooled Separate Accounts:		
Vanguard Wellington Fund	$ 482,369	$ -
Dodge & Cox Balanced Fund	-	352,225
Vanguard 500 Index Admiral Fund	647,564	474,931
T. Rowe Price Mid Cap Growth Fund	366,370	221,853
Rainier Small/Mid Cap Equity I Fund	520,494	445,192
Harbor Capital Appreciation Fund	582,143	361,117
William Blair Intl Growth I Fund	505,374	236,798
Investments at Contract Value		
Guaranteed Accounts	1,411,124	1,533,756

During 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

Investments at Fair Value as Determined By Quoted Market Price	
Pooled Separate Accounts	$ 1,007,782
Investments at Contract Value	
Guaranteed Accounts	-
Investments at Cost	
Participant Loans	-
	$ 1,007,782

NOTE 4: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5: INCOME TAX STATUS

The Plan obtained its latest determination letter on February 14, 2003, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 6: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts and guaranteed accounts managed by The Standard Insurance Company. The Standard Insurance Company is a trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

During the year ended December 31, 2009, fees paid by the Plan or on behalf of the Plan for legal, accounting, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE 7: PLAN WITHDRAWALS

At December 31, 2009, there were no funds allocated to Plan participants who had elected to withdraw from the Plan but had not been paid.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9: SUBSEQUENT EVENTS

Effective October 1, 2010, The Plan has transferred all of its investments from Standard Insurance Company to Fidelity Investments. Participants' investment options are similar to their options under Standard. Additionally, Fidelity is serving as third-party administrator for the Plan.

SUPPLEMENTAL SCHEDULE

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

EIN 84-0572205 PN 002

December 31, 2009

(a)	(b) Indentity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Standard Insurance Company	Harbor Bond Fund	**	$ 270,185
*	Standard Insurance Company	Vanguard Wellington Fund	**	482,369
*	Standard Insurance Company	Vanguard Windsor II Admiral Fund	**	152,134
*	Standard Insurance Company	Turner Core Growth II Fund	**	169,459
*	Standard Insurance Company	Vanguard 500 Index Admiral Fund	**	647,564
*	Standard Insurance Company	T. Rowe Price MidCap Growth Fund	**	366,370
*	Standard Insurance Company	Rainier Small/Mid Capital Equity Portfolio Fund	**	520,494
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*	Standard Insurance Company	Vanguard Explorer Admiral Fund	**	203,890
*	Standard Insurance Company	JP Morgan Midcap Value Fund	**	220,156
*	Standard Insurance Company	Vanguard Midcap Index Investor Fund	**	194,264
*	Standard Insurance Company	William Blair International Growth I Fund	**	505,374
*	Standard Insurance Company	Group Annuity Contract Guaranteed Interest Fund	**	1,411,124
	Participant Loans	Various maturity dates, interest 3.25% - 5.25%	-	138,356
				$ 5,863,882

* party-in-interest

** cost omitted for participant directed investments

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210 - 0110
1210 - 0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 **and ending** 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a single-employer plan;
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report;
- [ ] an amended return/report;
- [ ] the final return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] special extension (enter description)
- [X] automatic extension;
- [ ] the DFVC program;

Part II Basic Plan Information - enter all requested information

1a Name of plan
HIGHT ENTERPRISES, LTD. 401K SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HIGHT ENTERPRISES, LTD.

2525 ARAPAHOE AVENUE

BOULDER CO 80302

2b Employer Identification Number (EIN) 84-0572205

2c Sponsor's telephone number 303-443-1822

2d Business code (see instructions) 444130

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 accompanying schedules, statements and attachments, 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 HERE	Barry L. Hight Signature of plan administrator	10/15/2010 Date	BARRY L. HIGHT, PRESIDENT Enter name of individual signing as plan administrator
SIGN HERE	Barry L. Hight Signature of employer/plan sponsor	10/15/2010 Date	BARRY L. HIGHT, PRESIDENT Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")	**3b** Administrator's EIN
SAME	**3c** Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN
a Sponsor's name	**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	236
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	224
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	242
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	127
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	**b General Schedules**
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan)
	(3) [X] 1 **A** (Insurance Information)
	(4) [X] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Schedules)

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Financial Statements with Accompanying Auditors' Report

December 31, 2009

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R. Waidler & Associates, PC
Certified Public Accountants

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Hight Enterprises, Ltd.
401(k) Savings Plan
Boulder, Colorado

We were engaged to audit the financial statements of Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Standard Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that The Standard Insurance Company holds the Plan's participant-directed assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

R. WAIDLER & ASSOCIATES, P.C.

R. Waidler & Associates, P.C.

October 13, 2010
Boulder, Colorado

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair market value:		
Pooled separate accounts	$ 4,314,402	$ 2,878,222
Investments, at contract value:		
Guaranteed Accounts	1,411,124	1,533,756
Investments, at cost:		
Participant loans	138,356	116,355
Total Investments	5,863,882	4,528,333
Receivables:		
Participant contributions	11,162	3,677
Roth elective deferrals	685	-
Employer matching contributions	2,739	718
	14,586	4,395
Total Assets	5,878,468	4,532,728
Net Assets Available for Benefits	**$ 5,878,468**	**$ 4,532,728**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the year ended December 31, 2009

Additions to Net Assets Available for Benefits Attributed to:	
Investment Income -	
Net appreciation (depreciation) (realized and unrealized) in fair value of investments	$ 1,007,782
Interest and dividend income	55,165
Total Investment Income (Loss)	1,062,947
Contributions -	
Participants' elective deferrals	353,752
Participants' Roth elective contributions	39,153
Employer's matching contributions, net of forfeitures	76,581
Total Contributions	469,486
Total Additions	1,532,433
Deductions from Net Assets Available for Benefits Attributed to:	
Benefits paid to participants	184,773
Administrative expenses	1,920
Total Deductions	186,693
Increase in Net Assets Available for Benefits	1,345,740
Net Assets Available for Benefits:	
Beginning of Year	4,532,728
End of Year	**$ 5,878,468**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Notes to Financial Statements
December 31, 2009

NOTE 1: DESCRIPTION OF PLAN

Hight Enterprises, Ltd. (the "Sponsor or "Company") has established the Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") for its employees. The following brief description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering substantially all employees of the Company who have completed six months of service (as defined) and have attained the age of twenty-one or older. Eligible employees can become participants on the first day of each calendar quarter, after satisfying the minimum age and service requirements. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 ("ERISA").

Plan Administration
The Plan is administered by the Sponsor. The Standard Insurance Company is the Plan's third-party administrator, the trustee, and custodian for all Plan investments (herein referred to as "Trustee" or "Custodian"). Beginning October 1, 2010, The Plan has switched to Fidelity Investments as third-party administrator, trustee, and custodian for all Plan investments *(See Note 9).*

Plan Amendments
The Plan was amended effective January 1, 2008, to begin accepting Roth Elective Contributions made on behalf of participants. Participants' Roth Elective Contributions are allocated to a separate account maintained by the Plan. Gains, losses, and other earnings, credits or charges are separately allocated on a reasonable and consistent basis to each participant's Roth Elective Contribution Account and the participant's other accounts under the Plan. Direct rollovers to another Roth Elective Contribution Account or Roth IRA are allowed only to the extent the rollover is permitted under the rules of Code sec. 402(c). In addition, the Plan will accept rollover contributions from a Roth Elective Contribution Account or Roth IRA under the same IRS Code section.

NOTE 1: DESCRIPTION OF PLAN *(continued)*

Contributions
Contributions are made at the election of the employee. Subject to certain limitations prescribed by the Internal Revenue Code, election amounts may be between two percent and 100 percent of the employee's compensation. The Company will match one hundred percent of the employee's deferral contribution for the first two percent of employee compensation contributed. The Company also may elect to contribute a discretionary amount to the Plan, determined annually by the Board of Directors.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Any discretionary contribution made by the Company will be allocated based upon the ratio of an employee's compensation to total compensation of all participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participant Directed Investments
The Plan permits participant-directed investments. Participant's accounts are self-directed and participants can invest, at their own discretion, in pooled separate accounts administered by the Custodian, or guaranteed accounts, which are a general account obligation of the Custodian. Participants may change their investment options daily, although such practices are discouraged.

Participant Loans
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. Loan terms range from 1-5 years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 3.25% to 5.25%. Principal and interest is paid ratably through weekly or bi-weekly payroll deductions.

NOTE 1: **DESCRIPTION OF PLAN** *(continued)*

Vesting
Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant becomes 100% vested after five years of credited service. As of December 31, 2009, the Company's matching and discretionary contributions were subject to the following schedule:

Full Years of Service	Percentage Vesting
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Administrative Expenses
Certain loan processing fees are charged directly to the respective participants' accounts. Substantially all other administrative costs are paid by the Sponsor.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annuity payments over a fixed period of time.

Withholding Taxes
The Plan is required to withhold 20% of distributions not directly transferred to another qualified plan or IRA account. These funds are then remitted to the Internal Revenue Service.

Forfeited Accounts
Forfeitures are used to reduce employer contributions. For the year ended December 31, 2009, forfeitures totaled $569.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for investments in guaranteed accounts and participant loans. Shares of pooled separate accounts are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Investments in guaranteed accounts are valued at contract value. Contract value represents contributions made plus interest earned on those contributions, which approximates fair market value. Participant loans are valued at cost, which approximates fair market value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3: INVESTMENTS

Unaudited Information Certified by the Plan Trustee

The December 31, 2009 and 2008 Statement of Net Assets Available for Benefits, the investment activities include on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, the accompanying notes to the financial statements, and supplemental schedule were prepared in part or entirely from information certified by the Trustee in accordance with 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

NOTE 3: INVESTMENTS *(continued)*

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2009	December 31, 2008
Investments at Fair Value as Determined By Quoted Market Price		
Pooled Separate Accounts:		
Vanguard Wellington Fund	$ 482,369	$ -
Dodge & Cox Balanced Fund	-	352,225
Vanguard 500 Index Admiral Fund	647,564	474,931
T. Rowe Price Mid Cap Growth Fund	366,370	221,853
Rainier Small/Mid Cap Equity I Fund	520,494	445,192
Harbor Capital Appreciation Fund	582,143	361,117
William Blair Intl Growth I Fund	505,374	236,798
Investments at Contract Value		
Guaranteed Accounts	1,411,124	1,533,756

During 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

Investments at Fair Value as Determined By Quoted Market Price	
Pooled Separate Accounts	$ 1,007,782
Investments at Contract Value	
Guaranteed Accounts	-
Investments at Cost	
Participant Loans	-
	$ 1,007,782

NOTE 4: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5: INCOME TAX STATUS

The Plan obtained its latest determination letter on February 14, 2003, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 6: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts and guaranteed accounts managed by The Standard Insurance Company. The Standard Insurance Company is a trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

During the year ended December 31, 2009, fees paid by the Plan or on behalf of the Plan for legal, accounting, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE 7: PLAN WITHDRAWALS

At December 31, 2009, there were no funds allocated to Plan participants who had elected to withdraw from the Plan but had not been paid.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9: SUBSEQUENT EVENTS

Effective October 1, 2010, The Plan has transferred all of its investments from Standard Insurance Company to Fidelity Investments. Participants' investment options are similar to their options under Standard. Additionally, Fidelity is serving as third-party administrator for the Plan.

SUPPLEMENTAL SCHEDULE

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

EIN 84-0572205 PN 002

December 31, 2009

(a)	(b) Indentity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Standard Insurance Company	Harbor Bond Fund	**	$ 270,185
*	Standard Insurance Company	Vanguard Wellington Fund	**	482,369
*	Standard Insurance Company	Vanguard Windsor II Admiral Fund	**	152,134
*	Standard Insurance Company	Turner Core Growth II Fund	**	169,459
*	Standard Insurance Company	Vanguard 500 Index Admiral Fund	**	647,564
*	Standard Insurance Company	T. Rowe Price MidCap Growth Fund	**	366,370
*	Standard Insurance Company	Rainier Small/Mid Capital Equity Portfolio Fund	**	520,494
*	Standard Insurance Company	Harbor Capital Appreciation Fund	**	582,143
*	Standard Insurance Company	Vanguard Explorer Admiral Fund	**	203,890
*	Standard Insurance Company	JP Morgan Midcap Value Fund	**	220,156
*	Standard Insurance Company	Vanguard Midcap Index Investor Fund	**	194,264
*	Standard Insurance Company	William Blair International Growth I Fund	**	505,374
*	Standard Insurance Company	Group Annuity Contract Guaranteed Interest Fund	**	1,411,124
	Participant Loans	Various maturity dates, interest 3.25% - 5.25%	-	138,356
				$ 5,863,882

* party-in-interest

** cost omitted for participant directed investments