Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 04/30/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	n/report		_					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automatic	cextension		DFVC program			
_	[[special extension (enter description	n)						
Do	rt II Pacia Blan Inform								
		mation—enter all requested inform	ation		1h	Throo digit			
	Name of plan AN RESOURCE NOVATIONS,	INC 401(K) PLAN			10	Three-digit plan number			
TIOIVI	AN RESOURCE NOVATIONS,	1110. 401(R) I LAN				(PN) • 003			
					1c	Effective date of plan			
						04/30/2010			
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number			
HUM	AN RESOURCE NOVATIONS,	INC.				(EIN) 91-1495101			
700.1	12TH AVE. NE. SUITE 300				2c	Plan sponsor's telephone number 425-451-9410			
	EVUE, WA 98004				24	Business code (see instructions)			
					Zu	813000			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN			
HUM	AN RESOURCE NOVATIONS,	INC. 700 112TH A BELLEVUE,	VE. NE. S	SUITE 300		91-1495101			
		BELLE VOE,	VVA 30004	•	3с	Administrator's telephone number			
4 .	(the consequently FINL of the colo		-111	and Clark Conthinates and and the	425-451-9410				
		an sponsor has changed since the last return/report. Sponso		eport filed for this plan, enter the	4b EIN				
	namo, Ent, and the plan nambe	in ment the last retain properties opened	i o namo		4c PN				
5a	Total number of participants at	t the beginning of the plan year			5a	18			
b		the end of the plan year			5b	24			
С		ith account balances as of the end of			30	+			
	·			•	5c	25			
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		er 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Informa	ation		T	_				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	(,	1195955			
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7	7b from line 7a)	7с	()	1195955			
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received		0 (1)						
	, , , ,		8a(1)	41089	_				
			8a(2)	41068	<u>'</u>				
_	(3) Others (including rollovers)		04.4406	_				
b	Other income (loss)		. 8b	214122	2	077011			
С	, , ,	8a(2), 8a(3), and 8b)	. 8c			255211			
d		rollovers and insurance premiums	. 8d	26000)				
е		tive distributions (see instructions)	8e						
f		rs (salaries, fees, commissions)							
g			8g						
9 h	•	8e, 8f, and 8g)			+	26000			
;						229211			
:		e 8h from line 8c)		00074					
J	rransiers to (nom) the plan (Se	ee instructions)	8i	966744					

	F	Form 5500-SF 2010 Page 2-				
Par	t IV	Plan Characteristics				
Эа	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteri	stic Co	des in	the instructions:
		2F 2G 2J 2T 3D		0		
D	if the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	iracteris	tic Co	des in t	ne instructions:
art	: V	Compliance Questions				_
0	Duri	ing the plan year:		Yes	No	Amount
а		s there a failure to transmit to the plan any participant contributions within the time period described i CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X	
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X	
С	Was	s the plan covered by a fidelity bond?	10c	Χ		50000
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraucishonesty?	10d		Х	
е		re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	100			
	insu	rrance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Χ	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		0
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iog		X	
		0.101-3.)	10h		^	
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i			
art	VI	Pension Funding Compliance				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co				
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of I	ERISA? Yes 🖺 No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst hting the waiver				
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			- C.,	
b	Ente	er the minimum required contribution for this plan year			12b	
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c	
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)				12d	0
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
art	VII	Plan Terminations and Transfers of Assets				
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough				Yes No
С		ne PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify				□ 163 □ 140

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

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	06/17/2011	MICHAEL KOMOLA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

2010 This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Suaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 04/30/2010 and ending 12/31/2010 For calendar plan year 2010 or fiscal plan year beginning single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan Human Resource Novations, Inc. 401(k) Plan plan number (PN) **>** 003 Effective date of plan 04/30/2010 2a Plan sponsor's name and address (employer if for single-employer plan) Human Resource Novations, Inc. **Employer Identification Number** (EIN) 91-1495101 Plan sponsor's telephone number (425) 451-9410 700 112th Ave. NE, Suite 300 Business code (see instructions) 813000 WA 98004 3b Administrator's EIN 3a Plan administrator's name and address (if same as Plan sponsor, enter "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 4b EIN name, EiN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year...... 18 5a Total number of participants at the end of the plan year..... 24 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 25 complete this item). Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 0 1,195,955 Total plan assets 7a 7b Total plan liabilities 0 1,195,955 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 8a(1) (1) Employers 41,089 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 214,122 Other income (loss)..... 255,211 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 26,000 8d to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 26,000 Total expenses (add lines 8d, 8e, 8f, and 8g)..... Net income (loss) (subtract line 8h from line 8c)..... 8i 229,211 Transfers to (from) the plan (see instructions) 966,744

Form	5500	SE	2010

Signature of employer/plan sponsor

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Par	t IV	Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha					stic Co	des in	the instruction	ons:	
92.	15.41	2E 2F 2G 2J 2T 3D		List of Diss Chara	-4!-	#:- C		L (
b	ii tiie	e plan provides welfare benefits, enter the applicable welfare featu	ire codes ironi trie	LIST OF FIAIT CHAFA	Clens	iic Coc	162 III I	ne mstructio	115.	
Part	V	Compliance Questions								
10		ing the plan year:				Yes	No	Д	mount	
a	Was	s there a failure to transmit to the plan any participant contributions							The second second second	
h		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	e	Andrew Management Court	10a		Х			
D		re there any nonexempt transactions with any party-in-interest? (D ine 10a.)			10b		x			
С		s the plan covered by a fidelity bond?			10c	Х				0,000
d		the plan have a loss, whether or not reimbursed by the plan's fide			7					0,000
122	or d	ishonesty?			10d		Х			
е	We	re any fees or commissions paid to any brokers, agents, or other p grance service or other organization that provides some or all of the	ersons by an insur	ance carrier,						
		ructions.)			10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х			
q	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	х				0
h		is is an individual account plan, was there a blackout period? (See	The residence of the re		109					
		0.101-3.)			10h		X			
1		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	15/1	Pension Funding Compliance							<u> </u>	
11		is a defined benefit plan subject to minimum funding requirements	? (If "Yes," see ins	tructions and com	plete	Sched	lule SB	(Form		71 <u></u>
		0))	25		7.5			50.80	Yes	
12		nis a defined contribution plan subject to the minimum funding req		n 412 of the Code	orse	ection (302 of I	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a		n voor oon instru	ati a n a		usau sh	- dete efth.	. latter m	ır.
a		nting the waiver								
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MI	B (Form 5500), an	d skip to line 13.						
b	Ente	er the minimum required contribution for this plan year					12b			
C		er the amount contributed by the employer to the plan for this plan					12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d			0
е		the minimum funding amount reported on line 12d be met by the f				-		Yes	No	N/A
Part	J27 118-1	Plan Terminations and Transfers of Assets								
Same S		a resolution to terminate the plan been adopted during the plan ye	ear or any prior ve	ar?				×	☐ Yes	X No
IOU		es," enter the amount of any plan assets that reverted to the empl				Г	13a			
b		e all the plan assets distributed to participants or beneficiaries, tra					ontrol			
		ne PBGC?							Yes	X No
С		uring this plan year, any assets or liabilities were transferred from l ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	he pla	in(s) to)			
13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3	13c(3) PN(s)	
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed	unloss rozsonah	lo ca	uso is	octobl	ichad		
		nalties of perjury and other penalties set forth in the instructions, I							ole a Sch	edule
SB	or Sch	edule MB completed and signed by an enrolled actuary, as well as								
pelie	er, It IS	true, correct, and complete.	^ a -	1						
SIG	-	WALCOURD G. 3. 2011 Michael Ko			omola					
HEF	(E	Signature of plan administrator Date Enter name of in				f individual signing as plan administrator				
SIG										
HEF	RE	Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning as	s employer o	or plan sp	onsor

Date

Enter name of individual signing as employer or plan sponsor