Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete all entries in accord	aance with the instru	ictions to the Form 55	00-3F.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/201	2	and ending	12/31/2012	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-par	rticipant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter description	n)			
Part II	Basic Plan Info	rmation—enter all requested information	ation			
1a Name	of plan				1b Three-digit	
H & H ENTE	RPRISES PROFIT SH	IARING PLAN			plan number	
					(PN) •	001
					1c Effective dat	te of plan /01/1992
22 Dian a		draga, include room er quite number (e	malayar if far a single	ompleyer plan)	<u> </u>	
H & H ENTE		dress; include room or suite number (e	mployer, il for a single	e-employer plan)	' '	entification Number -1481745
					2c Sponsor's te	elephone number
206 SOUTH	77TH AVE.					-966-3788
	A 98908-1512				2d Business co	de (see instructions)
					44	1120
3a Plan a	dministrator's name ar	nd address Same as Plan Sponsor N	lame Same as Pla	n Sponsor Address	3b Administrato	or's EIN I-1481745
& H ENTER	PRISES	206 SOUTH 77	TH AVE.			
		WA YAKIMA, WA S	98908-1512			or's telephone number -966-3788
		,				
4 If the r	name and/or EIN of the	e plan sponsor has changed since the l	ast return/report filed	for this plan, enter the	4b EIN	
		mber from the last return/report.	•	• ,	1.0	
	or's name				4c PN	
		at the beginning of the plan year			- Ju	2
		at the end of the plan year			- 5b	2
		account balances as of the end of the p	• •		. 5c	1
	•	s during the plan year invested in eligib				X Yes No
		the annual examination and report of				
		? (See instructions on waiver eligibility				Yes No
lf you	answered "No" to ei	ther line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	e Form 5500.	
Caution: A	penalty for the late	or incomplete filing of this return/rep	oort will be assessed	unless reasonable ca	use is established.	
		ner penalties set forth in the instruction				
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as we blete.	ell as the electronic ve	rsion of this return/repo	rt, and to the best of	my knowledge and
2001, 11.10	r					
SIGN	Filed with authorized/	valid electronic signature.	07/24/2013	PATRICK HUNTER		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual signing as empl	oyer or plan sponsor
Preparer's		ame, if applicable) and address; includ		•	 	one number (optional)

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	1 01111 03000 01 2012		r age z							
Par	t III Financial Information									
	Plan Assets and Liabilities	(a) Beginning of Yea	(a) Beginning of Year			(b) En	d of Ye	ar		
	Total plan assets	7a	23158				273406			
	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	23158	231588			273406			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	4181	8						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11818	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							41818	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R 3B 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instru	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:		
.	V 0 " 0 "									
Part	•				V	N ₂				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	in the time period described in	I	Yes	No		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
C	Was the plan covered by a fidelity bond?				X					50000
	Did the plan have a loss, whether or not reimbursed by the plan's			10c						50000
	or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service or other organization that provides some or all of instructions.)		• ,	10e		X				
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a					X				
<u>g</u> h				10g		^				
	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							Τп	Yes	∏ No
11a	Scool and the Francisco									
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ΙП	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, o. o.	,50011	00 <u>2</u> 01		·		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of	f the let Year		ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day				
	Enter the minimum required contribution for this plan year				[12b				
	, , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,									

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

Pension	Benefit Guaranty Corporation	Complete all entries in acco	and an activity the leaster	odde).		Inspection			
Part I	Annual Report le	dentification Information	muarice with the instru	ctions to the Form 550	JU-5F.				
	dar plan year 2012 or fisc		01/01/2012	and ending	12/31	/2012			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
100	eturn/report is:	the first return/report	the final return/report			Participant plan			
an amended return/report a short plan year return/report (less than 12 months)									
C Charle	how if filing under	Form 5558	=	ineport (less than 12 in		State			
Part II	Pacia Plan Infor	special extension (enter descript							
1a Name		mation—enter all requested inform	mation		dh m				
		OFIT SHARING PLAN			1b Three-di				
		(PN) ▶	001						
					1c Effective	date of plan			
2- 5					01/01/				
Za Plans	sponsors name and addr ENTERPRISES	ess; include room or suite number (employer, if for a single	-employer plan)	2b Employe	r Identification Number			
						-1481745			
206 SC	OUTH 77TH AVE.					's telephone number 66-3788			
						code (see instructions)			
YAKIMA	(WA 98908-1512			44112				
3a Plan a	administrator's name and	address Same as Plan Sponsor	Name Same as Plai	n Sponsor Address	3b Administ	rator's EIN			
H & H	ENTERPRISES				91-1481745				
						rator's telephone number			
	UTH 77TH AVE.				509-96	6-3788			
WA		0.00							
YAKIMA	r	WA 98908-1512							
4 If the	name and/or EIN of the p	lan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN				
	, EIN, and the plan numb or's name	er from the last return/report.			4				
		the beginning of the plan year			4c PN				
		the end of the plan year			5a	2			
		count balances as of the end of the			5b	2			
comp	lete this item)	Count balances as of the end of the	pian year (delined bene	ent plans do not	5c	1			
		uring the plan year invested in eligit			L				
b Are yo	ou claiming a waiver of th	e annual examination and report of	an independent qualifie	ed public accountant (IQ	PA)				
under	29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)			X Yes No			
		er line 6a or line 6b, the plan can							
Under no	penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	ise is establish	ed.			
SB or Sche	alties of perjury and other edule MB completed and	penalties set forth in the instruction signed by an enrolled actuary, as w	is, I declare that I have rell as the electronic ver	examined this return/rep sion of this return/report	oort, including, if	applicable, a Schedule			
belief, it is	true, correct, and complet	tg. 2			and to me bes	or my knowledge and			
SIGN	DA-121			Patrick Hunter	~				
HERE	florance of	quell	712.72						
AMERICA POR	Signature of plan adm	inistrator	Date 7-13-13	Enter name of individu	ual signing as pl	an administrator			
SIGN HERE	Portule &	lucies							
Signature of employer/plan sponsor Date 1-33-13 Enter name of individual signing as employer or plan sponsor									
Preparers	name (including firm harr	ne, it applicable) and address; include	te room or suite numbe	r (optional)	Preparer's tele	phone number (optional)			
			ē						
				l					

Pa	ert III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T		/b) E:		·	
a	Total plan assets	7a	1	315	88		(D) EI	id of Y	_	273406
b		7b			-					2/3400
С	Net plan assets (subtract line 7b from line 7a)	7c	2	315	88					273406
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+		(6)	T-4-1		2/3400
a	Contributions received or receivable from:		(a) runcant		十		(b) Total			
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	86		418	18					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								41818
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
_	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4					
- <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			+					0
j	Transfers to (from) the plan (see instructions)				-					41818
Par	t IV Plan Characteristics	8j								
-	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2R 3B 3D	eature co	des from the List of Plan Char	acteri	stic Co	odes ir	the instru	ctions	:	····
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterist	ic Co	des in	the instruc	tions.		
								20110.		
Parl	V Compliance Questions									
10	During the plan year:				Yes	No	Γ	Amo	unt	***************************************
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					x				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	nolude transactions reported	10b		х				
c	Was the plan covered by a fidelity bond?			10c	х					50000
*****	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bon	d, that was caused by fraud	10d		х				
е		r persons	by an insurance carrier, fits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				-
g	Did the plan have any participant loans? (if "Yes," enter amount as	of year er	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	ee instruc	ctions and 29 CFR	10h		Х				
Í	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	101						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es,* see instructions and com	plete	Sched	iule SE	3 (Form	П	Yes	ΠNo
11a	Enter the amount from Schedule SB line 39		******			11a				110
12	Is this a defined contribution plan subject to the minimum funding re						ERISAT	П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applical	ble.)							
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	d in this plan year, see instruc	tions,	and e	nter th	ne date of t	he lett Year		ng
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	1 5500), and skip to line 13.					ı cai		
b	Enter the minimum required contribution for this plan year					12b				

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c	Enter the amount contributed by the employer to the plan for this plan yes Subtract the amount in line 12c from the amount in line 12b. Enter the res			12c				
	negative amount)	***************************************		12d				
e	Will the minimum funding amount reported on line 12d be met by the fund	ding deadline?			Yes		lo [N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	**************************************			Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year	······································	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	ferred to another plan, or brought	under the o	control		П	Yes	⊠ No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify t	he plan(s) t	0				
1	3c(1) Name of plan(s):		1:	3c(2) E	IN(s)	1	3c(3)	PN(s)
Part	VIII Trust Information (optional)		<u> </u>		· · · · · · · · · · · · · · · · · · ·	_L		
	lame of trust	*		14b T	rust's EIN			