For	m 5500-SF	Short Form Annual F	•	f Small Employ	yee		01	MB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service		Benefit Plan uired to be filed under sections 104 and 4065 of the Employee)13	
	epartment of Labor enefits Security Administration	Retirement Income Security Act of		of This Form is Open to Public					
	enefit Guaranty Corporation	 Complete all entries in acco 	,	,	0-SF.			ection	
Part I	Annual Report Id	entification Information							
For calend	ar plan year 2013 or fisc	al plan year beginning 01/01/20	13	and ending 1	2/31/2	2013			
A This ref	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-pa	rticipa	nt plan	
B This ref	urn/report is:	the first return/report	the final return/report						
	[an amended return/report	a short plan year return	/report (less than 12 m	onths))			
C Check	box if filing under:	Form 5558	automatic extension			DFVC pr	ogram	I	
		special extension (enter descript	ion)						
Part II		nation—enter all requested inform	nation						
	of plan RPRISES PROFIT SHA				1b	Three-digit plan numbe	r		
	RERIGES EROFTI SHA					(PN) ►		001	
					1c	Effective da	te of p 1/01/1		
2a Plan s H & H ENTE	ponsor's name and addre	ess; include room or suite number (employer, if for a single-	employer plan)	2b		lentific 1-1481	ation Number	
206 SOUTH	77TH AVE				2c	Sponsor's t	elepho -966-:		
	A 98908-1512				2d		ode (se 41120	ee instructions)	
		address Same as Plan Sponsor		Sponsor Address	3b	Administrate			
H & H ENTER	PRISES	206 SOUTH 7 WA	7TH AVE.		3c			ephone number	
		lan sponsor has changed since the er from the last return/report.	last return/report filed fo	r this plan, enter the	4b	EIN			
	or's name				4c	PN			
5a Total	number of participants at	the beginning of the plan year			5a			1	
		the end of the plan year			5b			4	
		count balances as of the end of the			5c			1	
6a Were	all of the plan's assets of	uring the plan year invested in eligi	ble assets? (See instruct	ions.)				X Yes 🗌 No	
		e annual examination and report of						X Yes 🗌 No	
		See instructions on waiver eligibility er line 6a or line 6b, the plan can							
-		plan, is it covered under the PBGC						Not determined	
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instructio signed by an enrolled actuary, as v te.	ns, I declare that I have e	examined this return/rep	oort, ir	cluding, if ap	plicat		
SIGN	Filed with authorized/va	lid electronic signature.	12/18/2014	PATRICK HUNTER					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ividual signing as plan administrator				
SIGN	· · · ·					· · · ·			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sic	ining as emp	lover	or plan sponsor	
Preparer's	name (including firm nar	ne, if applicable) and address; inclu	de room or suite number			<u> </u>		umber (optional)	

Pa	rt III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear		
а	Total plan assets	7a	27340	6				3	37246		_
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	27340	6				3	37246		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) [·]	Total			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)									_
	(2) Participants	8a(2)									
<u> </u>	(3) Others (including rollovers)	8a(3)	0004								_
	Other income (loss)	8b	6384	0	_						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				63840		_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									-
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		_
i	Net income (loss) (subtract line 8h from line 8c)	8i							63840		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics	-,									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:		
	2E 2G 2R 3B 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Cod	es in t	he instruc	tions:			
Der	Part V Compliance Questions										
10				ſ	Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions withi	n the time neriod described in		163	NO		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b				4.01		х					
	on line 10a.)			10b	Х						_
				10c						50000)
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth										_
	insurance service, or other organization that provides some or all			100		х					
	instructions.)			10e		Х					_
f	·····			10f							
g				10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х					
- i				1011							
_	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		с
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Γ	Yes	× No	b
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										_
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 instruc		and e	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
b	Enter the minimum required contribution for this plan year					12b					

C	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?	Ye	es 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 🗙 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) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Fo	rm 5500-SF	Short Form Annual F		of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury smal Revenue Service	This form is required to be file	Benefit Plan			*****			
	Department of Labor Benefits Security Administration	Retirement Income Security Act of	f 1974 (ERISA), and se	ctions 6057(b) and 6058	e B(a) of				
	Senefit Guaranty Corporation	Complete all entries in acco	al Revenue Code (the C			Inis Form i	s Open to Public		
Part I	Annual Report Id	entification Information	dance with the matter	clions to the Form 550	U-SF.				
	dar plan year 2013 or fisca	7	1/01/2013	and ending		12/31/2013	3		
		a single-employer plan		lan (not multiemployer)	[] a one-partici	pant plan		
B This re	turn/report is:	the first return/report	the final return/report						
C Chark	box if filing under:	an amended return/report		n/report (less than 12 m	onths)				
C CHECK		special extension (enter descripti	automatic extension		l	DFVC progra	im		
Part II	Basic Plan Inform	nation-enter all requested infom		·					
1a Name	of plan				1h	Three-digit			
H & H	ENTERPRISES PRO	OFIT SHARING PLAN				plan number	001		
•••••					1c	Effective date o	f plan		
2a Plans H & H	ponsor's name and addre ENTERPRISES	ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
						(EIN) 91-148			
206 SO	UTH 77TH AVE.					Sponsor's telep 509-966-37			
YAKIMA		WA 98908-1512					see instructions)		
3a Plan a	idministrator's name and a		Name Same as Plar	Sponsor Address		441120 Administrator's I	=INI		
Н & Н	ENTERPRISES		Ц			91-1481749	5		
206 00	T 10117 1						elephone number		
206 SO WA	UTH 77TH AVE.					509-966-37	88		
YAKIMA		WA 98908-1512							
4 If the	name and/or EIN of the pl	an sponsor has changed since the	last return/report filed fr	or this plan, optor the	41				
name	, EIN, and the plan numb	er from the last return/report.	ast retaininepoit med it	n this plan, enter the	4b	EIN			
	or's name	the beginning of the plan year			4c	PN			
		the end of the plan year			5a	ļ	1		
		count balances as of the end of the			5b		11		
comp	lete this item)				5c		1		
6a Were	all of the plan's assets du	uring the plan year invested in eligit	le assets? (See instruc	tions.)			X Yes No		
under	29 CFR 2520.104-46? (S	e annual examination and report of See instructions on waiver eligibility	an independent qualifie	d public accountant (IQ	PA)				
ir you	answered "No" to eithe	er line 6a or line 6b, the plan canr	ot use Form 5500-SF	and must instead use	Form §	5500.	X Yes No		
c If the p	plan is a defined benefit p	lan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late or i	ncomplete filing of this return/re	port will be assessed	unless reasonable cau	se is e	stablished			
Under pena	alties of periury and other	nenalties set forth in the instruction	a I doplore that I have			and the second	hle a Schedule		
	true, correct, and complet	anglied by all childled actually, as w	ell as the electronic ver	sion of this return/report	, and to	the best of my	knowledge and		
SIGN	0.10	1 or		Datai de Ital					
HERE	Signature of plan adm	Inistrator	12-15-14	Patrick Hunter					
SIGN	dignature of plain adm	A	Date	Enter name of individu	1.	ing as plan adm	inistrator		
HERE	Signature of employer	Inlan sponsor	12-15-14	Patrick Hurt					
Preparer's	name (including firm nam	e, if applicable) and address; includ	Date le room or suite numbe	Enter name of individu	Jal sign Prepa	ing as employer rer's telephone	or plan sponsor number (optional)		
							(optional)		
For Dependent	ark Production Act Motion as	d OMB Control Numbers can the ine		A MARKET PARTY OF THE REAL PROPERTY OF THE REAL PRO			1		

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Pa	t III Financial Information						
7	Plan Assets and Liabilities		. (a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a		7340	6		337246
b	Total plan liabilities	7b					······································
С	Net plan assets (subtract line 7b from line 7a)	7c	. 27	7340	6		337246
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	é	5384	0		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1		63840
-	Benefits paid (including direct rollovers and insurance premiums						00010
	to provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
f_	Administrative service providers (salaries, fees, commissions)	8f					
<u> </u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81					63840
	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R 3B 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
			·				
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within iciary Corr	n the time period described in rection Program)	10a		x	2
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?			10c	х		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,				
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x	
f				10f		x	
g				10 1		X	
	If this is an individual account plan, was there a blackout period?			iug			
	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	VI Pension Funding Compliance					and the second second	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (If "	Yes," see instructions and com	plete	Schee	dule SE	3 (Form
112	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)				
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instru	ctions	, and (enter ti Dav	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day	ical
	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 year	12c	Τ	
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	
Part				
13a	Has a resolution to terminate the plan been adopted in any plan year?		es XN	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X
C	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	L	
1	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(
				130(3) FIV(
			••••••••••••••••••••••••••••••••••••••	
Part	VIII Trust Information (optional)			
	Name of trust	14b Tr	ust's EIN	