## 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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Parti		t identification informatio			1001001=			
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01			/30/2015			
A ·		a single-employer plan		plan (not multiemployer)				
A This re	turn/report is for:			oyer information in accord	dance with the form	instructions)		
_		a one-participant plan	a foreign plan					
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	X a short plan year retu	ırn/report (less than 12 m	onths)			
C Charle	harrif filian arrandam	Form 5558	automatic extension		☐ DFVC pro	ogram		
C Check	box if filing under:					g		
		special extension (enter des	cription)					
Part II	Basic Plan Inf	ormation—enter all requested	information					
1a Name					<b>1b</b> Three-digit			
H & H ENTE	ERPRISES PROFIT	SHARING PLAN			plan number	001		
					(PN) 1c Effective dat			
						/01/1992		
<b>2a</b> Plan s		address; include room or suite num	ber (employer, if for a singl	e-employer plan)		entification Number		
					2c Sponsor's te			
206 SOUTH	77TH AVE.					-966-3788		
	A 98908-1512				2d Business code (see instruction			
						1120		
3a Plan a	administrator's name	and address Same as Plan Spo	nsor.		<b>3b</b> Administrato			
H & H ENTE	RPRISES		OUTH 77TH AVE.		91-1481745 <b>3c</b> Administrator's telephone numbe			
		YAKIM	A, WA 98908-1512					
					509-	-966-3788		
4 If the	name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN			
	•	umber from the last return/report.			4			
	sor's name				4c PN			
		ts at the beginning of the plan year			5a			
		ts at the end of the plan year			5b	(		
		h account balances as of the end of			5c	(		
	,	participants at the beginning of the			<b>-</b> 1/4)			
<b>u(1)</b> 100	iai number or active p	articipants at the beginning of the	piair year		5d(1)	·		
<b>d(2)</b> Tot	tal number of active p	participants at the end of the plan y	ear		5d(2)	(		
		terminated employment during the	, ,		5e			
less th	nan 100% vested							
		e or incomplete filing of this retu						
		other penalties set forth in the instr and signed by an enrolled actuary						
	true, correct, and cor				,			
SIGN	Filed with authorize	d/valid electronic signature.	10/21/2015	PATRICK HUNTER				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator		
SIGN					<u> </u>			
HERE	0'	1	Data	Fatana a constituit de				
Prenarer's		name, if applicable) and address	Date	Enter name of individ		oyer or plan sponsor one number (optional)		
opaioi s	(mordaling illin	, ii appiioabio, and addi 655	,orado room or duito munik	, (optional)	. roparor o totopric	Hambor (optional)		

	Form 5500-SF 2014		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligib.  Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannus to	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nnt (IC d d use	PA) Form	5500.		X Ye	es 🗌	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	∐No ∐	Not dete	ermine	ed
Par										
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End	of Year	0	
	Total plan assets	7a	3320	009					0	
	Total plan liabilities	7b 7c	3526	669					0	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To	ntal .		
	Contributions received or receivable from:		(a) Amount				(6) 10	rtai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	122	292						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12	2292	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3649	961						
	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						364	1961	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-352	2669	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charad	cterist			he instruction	ons:		
10	During the plan year:			ı	Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	ıciary Cor	rection Program)	10a		Χ				
	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	X				50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (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									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection (	302 of	ERISA?	Ye	es X	No
	(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.	-			, and e	enter th Day		e letter i Year	ruling	_

	F	form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r 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)							
е	Will t	he 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?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

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OMB Nos. 1210-0110 1210-0089 2014

Part I Annual De	Omplet.	Revenue C	ode (the Code).	58(a) of the Internal	2014
For calendar plan	ort Identification Information	ies in accordance	ode (the Code).  with the instructions to the	- Korriaj	This Form is a
For calendar plan year 2014 or	fiscal plan year beginning	ation	to the instructions to the	e Form 5500-SE	This Form is Open t Public Inspection
A This return/report is for:	X a single-employer plan	01/01/	075		opection
return eport is for:	o mployer plan	a multini	anu en		30/00=
R This and	a one-participant plan	of partici	pating employer plan (not multie	mployer) (Filers charl	30/2015
B This return/report is	the first return/report	a foreign	and en e-employer plan (not multie pating employer information plan	in accordance with the	ing this box must attach a
	an amount is		turn/report	- war u	le form instructions)
<b>C</b> 0	an amended return/report		COULT COULT		
C Check box if filing under:	Form 5558	_ anon pia	n year return/report (less th	lan 12 months	
		automatic	extension	(an 12 months)	
Part II Basic Plan L.	special extension (enter de	escription)	-1101131011	Поп	10
1a Name of plan	rmation—enter all a			U DEV	C program
H & H ENTERPRE	rmation—enter all requested	Information		216.3000	
H & H ENTERPRISES PR	OFIT SHARING DIA				
	-ILLING PLAN			1b Three-d	
200				plan nun	
2a Plan sponsor's name				(PN)	nber 001
2a Plan sponsor's name and addr H & H ENTERPRISES	ess; include room or suite			1c Effective	dal
KIDED	or suite num	ber (employer, if for	a single-omni-	01/01/	date of plan
206 SOUTH 77TH AVE.			omgle-employer plan)	2b Employe	1392
AVE.				(FIN) 91	Identification Number
YAKIMA					
3a Plan addition	WA GGGGG			- Opensor's	telephone number
3a Plan administrator's name and a	WA 98908-151	2		2d Posi	5-3788
H & H ENTERPRISES	ddress Same as Plan Spons	or.		A4112	ode (see instructions)
206 South 77th Ave.				3b Administrate	or's EIN
				1401	110
YAKIMA				Administrato	or's telephone number
4 If the name	A 98908-1512			509-966-	3788
name FIN and it of the plan	Sponsor has at				
a Sponsor's name	rom the last return to	e last return/report f	led 6		
4 If the name and/or EIN of the plan name, EIN, and the plan number f. a Sponsor's name  Total number of participants and the plan number of participants.	and returnireport.	- CPOIL	ied for this plan, enter the	4b EIN	
<ul> <li>Total number of participants at the</li> <li>Total number of participants at the</li> <li>Number of participants with account</li> </ul>	beginning of the plan			40 EIN	
b Total number of participants at the C Number of participants with account complete this item)	end of the			4c PN	
Number of participants with account complete this item)	the plan year			5a	
d(1) Total number of active participants  d(2) Total number of active participants	balances as of the end of the	nlan was di			1
Tulliber of active participant		, an (delined F	enefit plane do	5b	
d(2) Total number of active participants  e Number of participants that terminated less than 100% vested	s at the beginning of the plan v	ear		5c	0
Number of active participants	at the end of the		······		
Number of participants that terminated less than 100% vested      tution: A penalty for the late or incoming deep penalties of the late or incoming the second s	d empl-			5d(1)	0
vested	r employment during the plan y	ear with account		5d(2)	1
idion: A penalty for the late or in		mar accrued be	nefits that were	54(2)	
or Schedule MP	plete filing of this return/repo	ort will be	***************************************	5e	0
ief, it is true, correct and signed	by an enrolled instructions,	declare that I	unless reasonable caus		0
N A 1 Complete.	y an emolied actuary, as well	as the electronic	examined this return/reno	e is established.	
RF Heller Heller		- Si onic ve	rsion of this return/report, a	and to the base	ble, a Schedule
Pidil administrati		10-18-15	Patri	to the best of my k	nowledge and
	or	Date	arricet		
The second			Enter name of individual		
Signature of employer/plan sparer's name (including firm name if	onsor	10-18-15	Potrick Harry	signing as plan admin	istrator
Signature of employer/plan sparer's name (including firm name, if appl	icable) and address (i.e.	Date	Enter Flance	e	
	, address (include ro	oom or suite number	Enter name of individual (	Signing as are:	
			(optional) Pr	eparer's teleph	plan sponsor
			1	eparer's telephone nui	nber (optional)
			1		'
anony d					
perwork Reduction Act Notice and OMB Co					
SWB C0	ntrol Numbers, see the instruction	one for F			
		5500-SF			

Form	5500-SF	2014
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1	-
Paga	-2
Page	_

6a	Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520 104-462 (See instructions or provided in the contraction).							Yes	☐ No
	The state of the s	and condition	one )				X	Yes	No
(	If you answered "No" to either line 6a or line 6b, the plan cans If the plan is a defined benefit plan is it covered under the RDCC.	not use For	m 5500-SF and must inste	ead us	e Form	5500.			_
P	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA section 4	4021)?	·	Yes No	☐ Not	determ	nined
7	Plan Assets and Liabilities								
a			(a) Beginning of Ye	ear		(b)	End of Ye	ar	
b	F	. 7a		3526	69				(
		. 7b							
8	r access (construct to from line 7a)	. 7c		3526	69				0
_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				b) Total		
_	(1) Employers								
	(2) Participants								
	(3) Others (including rollovers)	. 8a(3)							
	Other income (loss)	8b		122	92				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4.			1	2292
	to provide benefits)	8d	3	6496	51				.2272
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						26	4961
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i		*					2669
	Transfers to (from) the plan (see instructions)  rt IV Plan Characteristics	8i						33	2009
b	2E 3D  If the plan provides welfare benefits, enter the applicable welfare fe  t V Compliance Questions	ature codes	from the List of Plan Chara	cteristi	c Codes	in the instru	uctions:		_
10	During the plan year:				v I				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ciary Correct	ion Program)	10a		X X	Amou	nt	
	on line 10a.)	Oo not incl	ude transactions reported	10b		x			
С					х	_		191000	
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity band	that was save ad by four	10c	-+	x		50	0000
е	vivere any fees or commissions paid to any brokers, agents, or other	or nore one hi	( an incurence cont	10d					
	instructions.)	f the benefit	s under the plan? (See	10e	;	ĸ			
	Has the plan failed to provide any benefit when due under the plan	?		10f	2	ζ .			
g h	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.	)	10g	7	ζ .			
_:	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)		1	10h	2	2			
	exceptions to providing the notice applied under 29 CFR 2520.101-	roquired no	tion or one of the	10i	$\top$				
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Yes	" see instructions and comp	olete S	chedule	SB (Form	Tπ		
114	Enter the dripaid minimum required contribution for current year from	n Schedule	SB (Form 5500) line 39		11-		. Ye	es	No
12	is this a defined contribution plan subject to the minimum funding re	equirements	of section 412 of the Code	or sec	ion 302	of ERISA?	Пу	es 🗓	No
a	If a waiver of the minimum funding standard for a prior year is being	s applicable	this plan was see instruct						
	granting the waiver.		Month	יטווט, 2 ז		the date of ay	the letter Year	ruling	

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip 1	to line 13.	T			
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 resul negative amount)	t (enter a minus sign	to the left of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			XY	es No		
If "Yes," enter the amount of any plan assets that reverted to the employer			13a			0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan,	or brought under the c	ontrol		X Yes	No
c If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another plan(s	), identify the plan(s) t	0			
13c(1) Name of plan(s):		13	3c(2) Ell	V(s)	13c(3) Pi	۷(s)
Part VIII Trust Information (optional)  14a Name of trust			<b>14b</b> Tr	rust's EIN		