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

Р	Complete all entries in accor	dance wit	h the instructions to the Form 5500	0-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for: first return/report				
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under: Form 5558		DFVC program		
	special extension (enter description	on)			
Pa	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b	Three-digit
COM	BAT SPORTS RETIREMENT PLAN				plan number 001
				10	(PN)
				10	Effective date of plan 01/01/2007
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identification Number
	BAT SPORTS, INC.	. ,			(EIN) 20-5827267
1400	- 140TH AVE. N.E.			2c	Plan sponsor's telephone number 425-747-2000
	EVUE, WA 98005			2d	Business code (see instructions)
					423910
3a COM	Plan administrator's name and address (if same as Plan sponsor, e BAT SPORTS, INC. 1400 - 140Tl			3b	Administrator's EIN 20-5827267
COM	BELLEVUE,			3c	Administrator's telephone number
					425-747-2000
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	ors name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	19
b	Total number of participants at the end of the plan year		5b	29	
С	Total number of participants with account balances as of the end o	of the plan y	vear (defined benefit plans do not		
	complete this item)			5c	12
	Were all of the plan's assets during the plan year invested in eligib		,		Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	60895	5	96151
b	Total plan liabilities	. 7b			
С	Net plan assets (subtract line 7b from line 7a)	. 7с	60895	5	96151
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-(4)			
	(1) Employers	- · · ·	18156		
	(2) Participants		10458		
b	(3) Others (including rollovers) Other income (loss)		8352	_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				36966
c d	Benefits paid (including direct rollovers and insurance premiums	. 80			
-	to provide benefits)	. 8d	1710)	
е	Certain deemed and/or corrective distributions (see instructions) \dots	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f		_	
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			1710
į	Net income (loss) (subtract line 8h from line 8c)				35256
j	Transfers to (from) the plan (see instructions)	. 8i			

F	orm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		
	plan provides pension benefits, e	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	

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

10	During the plan year:		Yes	No		Amount	,
а	Was there a failure to transmit to the plan any participant contributions within the time period described in		100			Amount	
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	Ye	es No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					—	s ^X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	nth					
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401	l		
b	Enter the minimum required contribution for this plan year			12b			
	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 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 during the plan year or any prior year?		<u>.</u>			Ye	s 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 of the PBGC?	under	the co			Ye	es 🛚 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c	(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	ished.		
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/re _l	oort, ir	ncludin	g, if applic		
	, it is true, correct, and complete.	порон	., and	io ine i	JUST OF THY	, miomod	

SIGN	Filed with authorized/valid electronic signature.	04/14/2011	DANIEL FERGUSON
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 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).

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa		rt Identification Information		TOTAL DE BARE			新 		
For c	or calendar plan year 2010 or fiscal plan year beginning and ending								
Ат	This return/report is for:								
Вт	This return/report is for:								
		an amended return/report	short plan	year return/report (less than 12 mon	ths)				
C	heck box if filing under:	Form 5558	automatic	extension		DFVC progra	ım		
		special extension (enter descr	ription)						
Pa	rt II Basic Plan In	formation—enter all requested inf	ormalion						
	Name of plan		2-12-1-14-14-14-14-14-14-14-14-14-14-14-14-1		1b	Three-digit			
COM	BAT SPORTS RETIREME	NT PLAN				plan number	001		
				-	10	(PN) ▶ Effective date o			
	,	4.02				01/01/2	2007		
	Plan sponsor's name and a BAT SPORTS, INC.	address (employer, if for single-emplo	oyer plan)			Employer Identi (EIN) 20-582	7267		
1400	- 140TH AVE. N.E.				2c	Plan sponsor's t 425-74	elephone number 7-2000		
BELL	EVUE WA 98005				2d	Business code (423910	(see instructions)		
3a SAMI		and address (if same as Plan sponse	or, enter "Same	")	3b	Administrator's 20-582			
					3с		telephone number 7-2000		
4 10	the name and/or EIN of the	ne plan sponsor has changed since th	ne last return/rep	oort filed for this plan, enter the	4b	EIN			
r	name, EIN, and the plan nu	umber from the last return/report. Sp	onsor's name		4c	PN			
5a	Total number of participar	nts at the beginning of the plan year			5a		19		
b	Total number of participar	5b		29					
C		nts with account balances as of the e			5c		12		
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		46? (See instructions on waiver eligit be either 6a or 6b, the plan cannot u				***************************************	M les 140		
Pa	rt III Financial Info		se roim 5500-	or and must mistead use i offic so					
7	Plan Assets and Liabilitie			(a) Beginning of Year		(b) End	l of Year		
0.70			7a	60895	5		96151		
			199000000000000000000000000000000000000			el			
	Net plan assets (subtract		7с	60895	5		96151		
8	Income, Expenses, and T	ransfers for this Plan Year		(a) Amount		(b)	Total		
а	Contributions received or				ľ				
			Searce Secureous	18156					
	THE RESIDENCE OF THE PROPERTY OF THE PARTY O			10458	_				
160		overs)		8352	_				
	SECRETARY DESCRIPTION OF SEC.	(-/4) 0-/0\ 0-/0\d 0b\		0002	-		36966		
c d	TO THE PARTY OF TH	a(1), 8a(2), 8a(3), and 8b) lirect rollovers and insurance premiur					55550		
	to provide benefits)		8d	1710					
е		orrective distributions (see instruction	**		\dashv				
f	Administrative service pro	oviders (salaries, fees, commissions)							
g	1800 (1800) 1900 (1800) 1800 (and the second s			-		1710		
h		s 8d, 8e, 8f, and 8g)	V 201				1710 35256		
i		act line 8h from line 8c)			+		33230		
11	transfers to (from) the pl	an (see instructions)	Qi	İ					

	Form 5500-SF 2010 Page 2- 1						
Par	NV Plan Characteristics						
9a	 IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 2K 2T 3D 	acteris	tic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	lic Cod	les in t	he instruc	lions:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
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)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		Х		***	-
C	Was the plan covered by a fidelity bond?	10c	Х				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud		- 0				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier.	10d		Х			
E	insurance service or other organization that provides some or all of the benefits under the plan? (See			v			
	instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
Ī	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	a 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 letter ruling granting the waiver						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г				
	Enter the minimum required contribution for this plan year.			12b			
	Enter the amount contributed by the employer to the plan for this plan year		···· -	12c		- MICHIGAN	
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		L	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 during the plan year or any prior year?		77	13a		Yes	X No
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year			DATES AND A		122.0	
H	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	0			
	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
							to the second se
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal						
Hode	or populties of perjury and other penalties set forth in the instructions. I declare that I have examined this re-	lum/ro		حاليطات	a if applie	able a Cal	andula.

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.

SIGN	* Daniel Flourer	14/12/11	DANIEL FERGUSON
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