## 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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending	12/31/	2010	
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	nt plan
В .	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 mo	onths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	ım
	special extension (enter description	on)				
Pa	art II Basic Plan Information—enter all requested information	ation				
	Name of plan	allori		1b	Three-digit	
	WEST SPORTS, INC. 401(K) PROFIT SHARING PLAN				plan number	001
				4.	(PN) •	
				1C	Effective date of 01/01/1	
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identif	
	WEST SPORTS, INC.	F,			(EIN) 91-078	
4602	20TH STREET EAST			2c	Plan sponsor's t	elephone number
	, WA 98424			24	Business code (	
				Zu	451110	see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's I	
FAK	WEST SPORTS, INC. 4602 20TH S FIFE, WA 98		451	20	91-078	
				30	253-922	elephone number 2-2581
<b>4</b> I	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan number from the last return/report. Sponso	r's name		40	DN	
52	Total number of participants at the baginning of the plan year			+ -	PN	112
b	Total number of participants at the beginning of the plan year					100
	Total number of participants at the end of the plan year			5b		100
С	complete this item)		•	. 5c		50
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of					— — — Na
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•			Yes   No
Pa	rt III Financial Information	<u> </u>	or and must mistead use Form 5.	500.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
	Total plan assets	. 7a	56971	0	(2) = 114	706883
b	Total plan liabilities					
С	Net plan assets (subtract line 7b from line 7a)	7c	56971	0		706883
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	- Total
а	Contributions received or receivable from:		5771	9		
	(1) Employers	8a(1)	8560	_		
	(2) Participants	8a(2)	398	_		
h	(3) Others (including rollovers)	8a(3)	8508	_		
b	Other income (loss)	8b	5000			232391
c d	Benefits paid (including direct rollovers and insurance premiums	8c				
-	to provide benefits)	. 8d	6720	00		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	2339	1		
f	Administrative service providers (salaries, fees, commissions)	. 8f	462	27		
g	Other expenses	. 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				95218
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				137173
i	Transfers to (from) the plan (see instructions)	Ωi				

	F	orm 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	odes in	the instru	ctions:		
		2F 2G 2J 2T 3D		0-	dee te d	de a Caratania			
D	if the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	aes in t	ne instruc	tions:		
art	V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amou	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X					9166
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X					60000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	Were insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					2694
f		the plan failed to provide any benefit when due under the plan?	10f		X				
q		he plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
_	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X				
i	If 10I	n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10ii						
art		Pension Funding Compliance	1						
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					П	Yes	X No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						L	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.		-				er rulir	•
lf :	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•	г					
b	Enter	the minimum required contribution for this plan year			12b	<del> </del>			
		the amount contributed by the employer to the plan for this plan year			12c	<del> </del>			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a	[	12d	<u> </u>			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		eall the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?						Yes	X No

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

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

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.	06/01/2011	LONNIE SCHMIDT
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

Short Form Annual Return/Report of Small Employee

**Benefit Plan** 

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

170,00			·			
	art I Annual Report Identification Information calendar plan year 2010 or fiscal plan year beginning	)1/01/2	010 and ending		12/31/2010	<u> </u>
	TT					
		-	employer plan (not multiemployer)		one-participan	t pian
В	This return/report is for:   first return/report	final retu	•			
_	an amended return/report		n year return/report (less than 12 mo	inths)		
С	Check box if filing under: Form 5558		extension		DFVC program	n
	special extension (enter description					
	art II Basic Plan Information—enter all requested inform	ation		1		
1a	Name of plan Farwest Sports, Inc. 401(k) Profit Shari	na Dla	n	1b	Three-digit plan number	
	raiwest sports, inc. for(x) front bharr	ing ira	••		(PN)	001
				1c	Effective date of	
				<u> </u>	01/01/1993	
2a	Plan sponsor's name and address (employer, if for single-employer Farwest Sports, Inc.	plan)		2b	Employer Identific	
				20	(EIN) 91-0784 Plan sponsor's te	
	4602 20th Street East			20	(253) 922-2	581
				2d	Business code (s	ee instructions)
22	Fife	ntor "Com	WA 98424	26	451110	I. I
Ja	Plan administrator's name and address (if same as Plan sponsor, e $_{\mathtt{SAME}}$	mer sam	<b>≇</b> )	30	Administrator's E	IN
				3c	Administrator's te	lephone number
				<u> </u>		
	If the name and/or EIN of the plan sponsor has changed since the later name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		112
b	Total number of participants at the end of the plan year			5b		100
C	Total number of participants with account balances as of the end of					
	complete this item)			5c		50
	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					X Yes No
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe	ons.)	лен) 		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					
	rt III Financial Information	Talina, kili sasni		1		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	
	Total plan assets	7a	569,7	LO	-	706,883
d	Total plan liabilities	7b				
	Net plan assets (subtract line 7b from line 7a)	7c	569,7	LO		706,883
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	19191 (	(b) To	ital
a	(1) Employers	8a(1)	57, <i>7</i> :	L9		
	(2) Participants	8a(2)	85,6	)2		
	(3) Others (including rollovers)	8a(3)	3,98	37		
b	Other income (loss)	. 8b	85,0	33		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				232,391
d	Benefits paid (including direct rollovers and insurance premiums		C7 0			
_	to provide benefits)	8d	67,20			
e f	Certain deemed and/or corrective distributions (see instructions)	8e	23,39			
 	Administrative service providers (salaries, fees, commissions)	8 <del>f</del>	4,62	السلسل ع		
	Other expenses	0-				
g	Other expenses (add lines 8d, 8e, 8f, and 8d)	8g				05 010
9 h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				95,218
		8h 8i				95,218 137,173

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Signature of employer/plan sponsor

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rauc		

		Form 5500-SF 2010	Pa	age 2						
	t IV									
9a	If th	e plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2T 3D	ure codes from the	List of Plan Chara	acteris	stic Co	ides in	the instruction	ons:	
h	If th	e plan provides welfare benefits, enter the applicable welfare featu	re codes from the	List of Plan Chara	cteris	tic Cod	des in i	the instruction	ns:	
Par	t V	Compliance Questions								
10	Du	ring the plan year:				Yes	No	Α	mount	
	29	is there a failure to transmit to the plan any participant contributions I CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Progra	am)	10a	Х			ç	9,166
b		ere there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		х			
C	W	as the plan covered by a fidelity bond?			10c	х			60	0,000
d		f the plan have a loss, whether or not reimbursed by the plan's fide	-		10d		Х			
е	ins	ere any fees or commissions paid to any brokers, agents, or other p urance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e	Х			Ž.	2,694
f	Ha	s the plan failed to provide any benefit when due under the plan?	, , , , , ,		10f	1	X			
g	Dic	I the plan have any participant loans? (If "Yes," enter amount as of	year end.)	,,,	10a		х			
h	If th	nis is an individual account plan, was there a blackout period? (See	instructions and 2	9 CFR	10h		Х			
i	If 1	Oh was answered "Yes," check the box if you either provided the re	equired notice or or	e of the						
	exc	ceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
		Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements							☐ Yes ☐	X No
12		this a defined contribution plan subject to the minimum funding requ								X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							ا	
a	İfa	waiver of the minimum funding standard for a prior year is being a	mortized in this pla	n year, see instru	ctions	, and e	enter th	ne date of the	e letter rulii	ng
1.5		nting the waivercomplete lines 3, 9, and 10 of Schedule Mi					Day		rear	<del></del>
		ter the minimum required contribution for this plan year				Г	12b			
D							12c			
d		er the amount contributed by the employer to the plan for this plan otract the amount in line 12c from the amount in line 12b. Enter the				····  -				
•		pative amount)				L	12d	<u> </u>		
е	Wil	I the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No 📗	N/A
Parl	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	ar?					Yes	X No
	lf "\	Yes," enter the amount of any plan assets that reverted to the empl	loyer this year				13a			
b	of f	ere all the plan assets distributed to participants or beneficiaries, tra the PBGC?							Yes	X No
С		uring this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	in(s) to			т	
	13c(′	1) Name of plan(s):			ļ	13	c(2) E	IN(s)	13c(3)	PN(s)
									<u> </u>	
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le ca	use is	estab	lished.		
Und	er pe	nalties of perjury and other penalties set forth in the instructions, I	declare that I have	examined this ret	urn/re	port, i	ncludir	g, if applical	ole, a Sche	edule
SB	or Šc	hedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	s the electronic ver	sion of this return	/repor	t, and	to the	best of my k	nowledge :	and
SIC	N	June The last	5-27-11	Lonnie Sch	mid	t				
HE		Signature of plan administrator	Date	Enter name of i	ndivid	ual sig	ning a	ıs plan admir	nistrator	
SIG	ะพ									
HE	100 100 100	Signature of employer/plan sponsor	Date	Enter name of i	ndivid	ual sig	ning a	ıs employer	or plan spo	nsor