## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation  Complete all entries in ac	cordance wit	n the instructions to the Form 5500	D-SF.	Inspection	
P	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01		and ending 1	2/23/20	)11	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final r	eturn/report	_	<del>-</del>	
	x an amended return/report	X a short pla	in year return/report (less than 12 mo	onths)		
_	H_ '	=	extension	ло, Г	DFVC program	
C		ш	, exterision	L	_ Di ve piogram	
_	special extension (enter desc	' '				
	art II Basic Plan Information—enter all requested in	formation		41.		
	Name of plan N'S GUNS & SPORTING GOODS, INC. 401(K) PLAN				Three-digit olan number	
IXL VI	113 00113 & 31 01(11)10 00000, INC. 401(11)1 EAN				(PN) • 001	
				1c	Effective date of plan	
					02/01/1981	
	Plan sponsor's name and address; include room or suite numb	er (employer, it	for a single-employer plan)	<b>2b</b> E	Employer Identification Number	
KEV	IN'S GÜNS & SPORTING GOODS, INC.				EIN) 59-1984834	
				2c 3	Sponsor's telephone number	
	CAPITAL CIRCLE NE			0 d .	850-386-5544	,
IALL	AHASSEE, FL 32308			2a E	Business code (see instructions 451110	5)
32	Plan administrator's name and address (if same as plan sponsor	or enter "Same	,")	3h /	Administrator's EIN	
	N'S GUNS & SPORTING GOODS, INC. 3350 CA	PITAL CIRCLE	NE	00 /	59-1984834	
	TALLAH	ASSEE, FL 323	808	3c /	Administrator's telephone numb	er
				4.		
4	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the last return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
	Total number of participants at the beginning of the plan year			5a		2
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of			00		
	complete this item)		•	5c		
6a	Were all of the plan's assets during the plan year invested in e	ligible assets?	(See instructions.)		X Yes	No
b	3				V voc □	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligible of you answered "No" to either 6a or 6b, the plan cannot us	•	•		X Yes [	No
Pa	irt III Financial Information	se Form 5500-	or and must mistead use Form 330			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a	Total plan assets	7a	1075705		(b) End of Year	
b	Total plan liabilities					
c	Net plan assets (subtract line 7b from line 7a)		1075705		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:		(a) Amount		(Β) Ι ΟίαΙ	
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	1628			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	1361			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2989	
d	Benefits paid (including direct rollovers and insurance premium		1077592			
	to provide benefits)		1011392			
e	Certain deemed and/or corrective distributions (see instruction	<i>'</i>				
f	Administrative service providers (salaries, fees, commissions).		1100			
g	Other expenses		1102			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1078694	
h						
į	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i			-1075705	

Form	5500.	SF.	201

Page 2 -	1
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Part IV	Plan	Characte	aristics
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- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 3F
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions			ı				
_	During the plan year:		Yes	No		Aı	noun	t
	, , , , , , , , , , , , , , , , , , , ,	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					11000
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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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						
art	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						☐ Ye	es X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Montrou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	tions,	and e	enter th	ne date	of the		ruling
	Enter the minimum required contribution for this plan year		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Υe	es	No	X N/A
rt	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	/es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		- 1		_			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ontrol			X Ye	es N
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e pla	n(s) to	1			<u> </u>	_
С		13c(2) EIN(s)				13c	( <b>3)</b> PN(s)	
	3c(1) Name of plan(s):		13	C(2) ⊟	IN(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.

SIGN	Filed with authorized/valid electronic signature.	06/12/2012	CANITA GUNTER PETERSON
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

Short Form Annual Return/Report of Small Employee Benefit Plan

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2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information 12/23/2011 01/01/2011 For calendar plan year 2011 or fiscal plan year beginning and ending This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information - enter all requested information Part II 1 a Name of plan 1b Three-digit KEVIN'S GUNS & SPORTING GOODS, INC. plan number (PN) 001 1c Effective date of plan 401(K) PLAN 02/01/1981 2 a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KEVIN'S GUNS & SPORTING GOODS, INC. 59-1984834 3350 CAPITAL CIRCLE NE 2c Sponsor's telephone number TALLAHASSEE 32308 850-386-5544 2d Business code (see instructions) 451110 3b Administrator's EIN 3 a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c 5 a Total number of participants at the beginning of the plan year **b** Total number of participants at the end of the plan year . 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500 Part III **Financial Information** (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 1075705 7a a Total plan assets . . . . . . 7b **b** Total plan liabilities . . . . . . . . . 1075705 C Net plan assets (subtract line 7b from line 7a) (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 8a(1) 1628 Ba(2) (2) Participants ...... (3) Others (including rollovers) . . . . . 8a(3) 1361 **b** Other income (loss) . . . . . . . . . . . . . . . . 8b 2989 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . . . . . 1077592 8d d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8e e Certain deemed and/or corrective distributions (see instructions) 8f f Administrative service providers (salaries, fees, commissions) 1102 8g 1078694 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) -1075708i Net income (loss) (subtract line 8h from line 8c) .

Form 5500-SF 2011	Page

Part IV	Dlan	Chara	ctoristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E2F2G2J2K3D3F

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

Part \	Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any par	ticipant contributions with	hin the time period described in					
	29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fiduciary Cor	rection Program)	10a		X		
b	Were there any nonexempt transactions with any	party-in-interest? (Do no	t include transactions reported					
	P 40- \			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			110000
	Did the plan have a loss, whether or not reimburs							
_	or dishonesty?		_	10d		Х		
۵	Were any fees or commissions paid to any broker	e agents or other nerec	ne by an incurance carrier					
•	insurance service or other organization that provide							
	•		, ,	10e		Х		
	instructions.)			10E				
	Has the plan failed to provide any benefit when du			10q	-	X		· · · · · · · · · · · · · · · · · · ·
	Did the plan have any participant loans? (If "Yes,"			ivy		Х	11 1 2 1 5 L	Eulastek Miller
л	If this is an individual account plan, was there a bl	,				.,		
	2520.101-3.)			10h		Х		
•	If 10h was answered "Yes," check the box if you e							
8689 <u>88</u> 0048740 <u>8</u> 82	exceptions to providing the notice applied under 2	29 CFR 2520.101-3 .		10i			11.158.0	savet es de de la
Part \								
	Is this a defined benefit plan subject to minimum f							
	5500))						• • •	Yes X No
12	Is this a defined contribution plan subject to the minimum	funding requirements of sec	ction 412 of the Code or section 302 of El	RISA?			l	Yes ⊠ No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e	below, as applicable.)						
а	If a waiver of the minimum funding standard for a	prior year is being amort	ized in this plan year, see instructior	ıs, an	d ente	er the	date of	the letter
	ruling granting the waiver.		Month		Day_		Yea	ır
lf y	ou completed line 12a, complete lines 3, 9, and							
b	Enter the minimum required contribution for this p	lan year			12t	,		
C	Enter the amount contributed by the employer to t				120	;		
d	Subtract the amount in line 12c from the amount i	n line 12b. Enter the resu						
	negative amount)				120	1		
е	Will the minimum funding amount reported on line	12d be met by the fundi	ng deadline?			Ye	s	No X N/A
Part \	II Plan Terminations and Transfers of A	Assets						
13 a	Has a resolution to terminate the plan been adopt	ted in any plan year?				[	X Yes	No
	If "Yes," enter the amount of any plan assets that				1	- 1		
h	Were all the plan assets distributed to participants							
•	of the PBGC?		, , , , , , , , , , , , , , , , , , ,	-,			ſ	XYes ☐ No
_	If during this plan year, any assets or liabilities we	ro transformed from this r	stan to another plan(s) identify the n	· · ·	• •			24 700
·	which assets or liabilities were transferred. (See it	•	oran to another plants), identity the p	ian(s)	ito			
1:	c(1) Name of plan(s):	nstructions.)		13/	c(2)	FIN/s	2)	13c(3) PN(s)
	o(t) trains of praints).				J(~)		<i>-</i> )	100(0) 111(3)
			1					
Caudio	un: A namelty for the late or incomplete filing of t	bio return/renest will be	anagened unless recognishes gave	- io o	et e b li	chod		
	on: A penalty for the late or incomplete filing of to penalties of perjury and other penalties set forth in the ins	<u> </u>						
SB or a	Schedule MB completed and signed by an enrolled actual t is true, correct, and complete.							
	Howles		1/		1			
SIGN	tan con	2-8-2012	Kevin T. K	رد ا	<i>ι\</i>			
HERE					7			
	Signature of plan administrator	Date	Enter name of individual signin	g as	plan	adm	inistrat	or
SIGN	1 1 2							
HERE	73N/WY		Keu:n T. K	e11	W			
	Signature of employer/plan sponsor	Date 2 -8.2017	Enter name of individual signing	na as	emp	lover	or pla	n sponsor