## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## **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 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number COMBAT SPORTS RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number COMBAT SPORTS, INC. 20-5827267 (EIN) 2c Sponsor's telephone number 425-747-2000 1400 - 140TH AVE. N.E. BELLEVUE, WA 98005 2d Business code (see instructions) 423910 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 1400 - 140TH AVE. N.E 20-5827267 COMBAT SPORTS, INC. BELLEVUE, WA 98005 3c Administrator's telephone number 425-747-2000 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 22 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 10 complete this item)..... **6a** 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) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 96151 107055 Total plan assets..... 7a 7b Total plan liabilities..... 107055 96151 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... 17409 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -4370 **b** Other income (loss)..... 8b 13039 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с

8d

8e

8f

8g

8h

8i

Benefits paid (including direct rollovers and insurance premiums

Certain deemed and/or corrective distributions (see instructions) ...

Administrative service providers (salaries, fees, commissions).......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

to provide benefits).....

2135

10904

2135

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

2E 2G 2J 2K 2T 3D

Part IV

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

art	V Compliance Questions						
0	During the plan year:		Yes	No	A	mount	
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)						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					
С	Was the plan covered by a fidelity bond?	10c	Χ			3	00000
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		X			
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	art VI Pension Funding Compliance						
11							
12							
	(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 amortized in this plan year, see instruction granting the waiver						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			12b			
С	Enter 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 the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
I3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	3a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
of the PBGC?							
	which assets or liabilities were transferred. (See instructions.)	o piai	1(0) 10				
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
Jnder 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							
	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.	eport,	and	to the b	est of my ki	nowledge a	and

SIGN	Filed with authorized/valid electronic signature.	06/26/2012	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 Benefil 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is:	the final re	eturn/report					
	an amended return/report a short plan year return/report (less than 12 months)							
C	Check box if filing under: Form 5558		extension	5.36	DFVC program			
	special extension (enter description)		_ br vo program					
P:	urt II Basic Plan Information—enter all requested information							
30 112-	Name of plan	allon		1h	Three-digit			
	BAT SPORTS RETIREMENT PLAN				plan number			
*****					(PN) ▶ 001			
				1c	Effective date of plan			
		- 2004 <sup>00</sup> - 204 <b>0</b>		0.02000	01/01/2007			
COI.	Plan sponsor's name and address; include room or suite number (en BAT SPORTS, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
			-	2-	(EIN) 20-5827267			
				20	Sponsor's telephone number 425-747-2000			
	- 140TH AVE. N.E. LEVUE WA 98005			2d	Business code (see instructions)			
171. L1	72 VOL VVA 98003				423910			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN			
SAM	E				20-5827267			
				3с	Administrator's telephone number 425-747-2000			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	CONTRACTOR			
8	name, EIN, and the plan number from the last return/report.		apart mee for mad prom, critical me	75	LIN			
NOTICE .	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year		······	5a	29			
b	Total number of participants at the end of the plan year	•••••••	7.53 <u>247.047.1484444444444444444444444444444444444</u>	5b	22			
C Number of participants with account balances as of the end of the pla								
<u> </u>	complete this item)			5c	10			
6a					X Yes No			
D	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	an indeper and conditi	oent qualified public accountant (IQF ons.)	'A)	X Yes ∏ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
Pa	rt III Financial Information	<b>Y</b>						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	96151		107055			
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	96151		107055			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	0 - (4)						
	(1) Employers		17400					
	(2) Participants	8a(2)	17409	-				
_	(3) Others (including rollovers)		1270	_				
b	Other income (loss)		-4370	-	47000			
9	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the state of t	-	13039			
d	to provide benefits)	8d	2135					
е	Certain deemed and/or corrective distributions (see instructions)	8e		830				
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				2135			
i	Net income (loss) (subtract line 8h from line 8c)				10904			
į	Transfers to (from) the plan (see instructions)			1				

	Form 5500-SF 2011 Page <b>2</b> - 1					
Par	t IV Plan Characteristics			_		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	clerist	ic Cod	es in t	he instructio	ns:
Part	V Compliance Questions					
10	During the plan year:		Yes	No	1	mount
а	Was there a failure to transmil 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		Х	0000	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	Lesing and	Χ	2-33-4	
C	Was the plan covered by a fidelity bond?	10c	Х	133		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		Х		
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		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		2000 A SITO PM
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3,)	10h	X	Х		Calabara Media
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	1.			
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	ule SE	(Form	☐ Yes ☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code		-			Yes X 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 amortized in this plan year, see instrugranting the waiver.	clions,	and e	nter th	e date of the	e letter ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		ear
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 negative amount)		[	12d	1000	
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?		*******	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			7
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				- SALANCE	Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he plai	n(s) to	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
1	3c(1) Name of plan(s):		130	(2) El	N(s)	13c(3) PN(s)
C	ion. A namelty for the late or incomplete filling of this yet you're next will be account with a	A.	Manual Set of the			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Fearm	16/21/12	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