Fo	orm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	partment of the Treasury ernal Revenue Service	This form is required to be filed u		nd 4065 of the Employe	e	2012			
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058	58(a) of This Form is Open to P Inspection				
	Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		peotion		
Part I	dar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/2012		and ending 1	2/31/	2012			
				v	2/31/		ant also		
	eturn/report is for:			an (not multiemployer)		a one-particip	bant plan		
B This r	eturn/report is:		ne final return/report						
-		╡	1 9	/report (less than 12 mo	onths	-			
C Check	k box if filing under:	╡ └┘	utomatic extension			DFVC progra	im		
		special extension (enter description)							
Part II		nation—enter all requested informati	on		46				
1a Name	e of plan SPORTS RETIREMENT P				D	Three-digit plan number			
OOMBAT	or of the first mention					(PN) ►	001		
					1c	Effective date o	•		
	sponsor's name and address sponsor's name and address sports, INC.	ess; include room or suite number (em	ployer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 20-58	fication Number 27267		
1400 - 140	TH AVE. N.E.				2c	Sponsor's telep 425-74			
	E, WA 98005				2d	Business code (see instructions 423910			
3a Plan	administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b Administrator's EIN				
		_	_		0		telephone number		
		lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN			
	isor's name				4c	PN			
5a Tota	I number of participants at	the beginning of the plan year			5a		22		
b Tota	I number of participants at	the end of the plan year			5b		18		
		count balances as of the end of the pla					10		
					5c		10 N X -		
		luring the plan year invested in eligible ne annual examination and report of an					X Yes No		
		See instructions on waiver eligibility an					X Yes No		
		er line 6a or line 6b, the plan cannot							
Caution:	A penalty for the late or	incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	se is	established.			
SB or Scl		r penalties set forth in the instructions, signed by an enrolled actuary, as well tte.							
SIGN	Filed with authorized/va	lid electronic signature.	06/05/2013	DANIEL FERGUSON					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN					,	- ·			
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor		
Preparer'		ne, if applicable) and address; include					number (optional)		

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a Total plan assets	7a	10705				141309		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	107055			141309			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:								
(1) Employers	8a(1)			_				
(2) Participants	8a(2)	1666	59	_				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	1758	85	_				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		34254		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e 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							
i Net income (loss) (subtract line 8h from line 8c)	8i					34254		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics	J							
 9a If the plan provides pension benefits, enter the applicable pension in 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare features and the plan provides welfare benefits. 								
Part V Compliance Questions								
10 During the plan year:			1	Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10b		х			
C 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 or dishonesty?			10d		X			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benefits	s under the plan? (See	10e		x			
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10q		Х			
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	See instructi	ons and 29 CFR	10g		x			
i If 10h was answered "Yes," check the box if you either provided th 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)	ents? (If "Ye	s," see instructions and com	nplete	Scheo	lule SB	(Form		
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding					302 of E	ERISA? 🛛 Yes 🗙 No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortized	in this plan year, see instru		, and e	enter th Day	e date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500) and skin to line 13						
, , , , , , , , , , , , , , , , ,				1	12b			

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annua	l Return/Report of Benefit Plan	Small Employe	ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ							
Department of Labor Employee Benefits Security Administration	Employee Benefits Security Administration Ihe Internal Revenue Code (the Code).							
	Complete all entries in ad dentification Information	cordance with the instructi	ons to the Form 5500-	SF.	spection			
Part I Annual Report Id For calendar plan year 2012 or fisc	al plan year beginning 01/01	/2012	and ending 12	/31/2012				
	X a single-employer plan	a multiple-employer plar		a one-partic	inant plan			
B This return/report is:	the first return/report	the final return/report	(net memoripleyer)		apant plan			
	an amended return/report	a short plan year return/	report (less lhan 12 mor	uths)				
C Check box if filing under:	☐ =	automatic extension		DFVC prog	ram			
C Check box it lining under.	special extension (enter desc				an			
Part II Basic Plan Infor	mation—enter all requested in		New York, Name of States o					
1a Name of plan	mation - enter all requested in	Iormation		1b Three-digit	<u> </u>			
COMBAT SPORTS RETIREMENT	PLAN			plan number	001			
				(PN) > 1c Effective date	1. The second			
				O1/01				
2a Plan sponsor's name and add COMBAT SPORTS, INC.	ress; include room or suite numb	er (employer, if for a single-e	mployer plan)	2b Employer Iden (EIN) 20-58	tification Number 27267			
11 (1999)-00				2c Sponsor's tele (425) 7	phone number 47-2000			
1400 - 140TH AVE. N.E.				2d Business code 4239	(see instructions)			
BELLEVUE, WA 98005 3a Plan administrator's name and	d address XSame as Plan Spor	sor Name Same as Plan	Sponsor Address	3b Administrator's	10			
					s telephone number			
4 If the name and/or EIN of the	plan sponsor has changed since	e the last return/report filed for	r this plan, enter the	4b EIN				
name, EIN, and the plan num	ber from the last return/report.			An DN				
a Sponsor's name 5a Total number of participants :	at the beginning of the plan year		the second s	4c PN 5a	20			
b Total number of participants				5a 5b	22			
C Number of participants with a				50	10			
				5c	10			
If you answered "No" to eit Caution: A penalty for the late of Under genallies of periury and oth	the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plan or incomplete filing of this retu- ter penalties set forth in the instr	ort of an independent qualified ibility and conditions.) cannot use Form 5500-SF a im/report will be assessed u uctions, I declare that I have e	d public accountant (IQP and must instead use F unless reasonable cause examined this return/repo	A) Form 5500. se is established. ort, including, if appl	X Yes No			
SB or Schedule MB completed an belief, it is true, correct, and comp	d signed by an enrolled actuary lete.		<u> </u>					
sign X Dani	Figur	15.29.13	* Daniel	Ferg 4	SOM			
HERE Signature of plan a	dministrator()	Date	Enter name of individu	al signing as plan a	dministrator			
SIGN	-							
HERE Signature of emplo Preparer's name (including firm n		Date	Enter name of individu	al signing as emplo	yer or plan sponsor ne number (oplional)			
For Paperwork Reduction Act Notic								
For Paperwork Reduction Act Note	a and and a control replaces, see	non actions for Form 3300-			Form 5500-SF (2012) v. 120126			

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Part III Financial Information		СССКА							
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Yea	r	
a Total plan assets	7a	107055	2 23	-	-			1309	
b Total plan liabilities	. 7b							1003	1.1.1
C Net plan assets (subtract line 7b from line 7a)	7c	107055	5				14	1309	
8 Income, Expenses, and Transfers for this Plan Year		X 6 22	(a) Amount			(b) T		1000	
a Contributions received or receivable from:						(5/1	otai	-	
(1) Employers	. 8a(1)			_					
(2) Participants	. 8a(2)	16669	9					1	
(3) Others (including rollovers)	. 8a(3)			4		de-se			
b Other income (loss)	. 8b	1758	5	_		100			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	1999-P.					34	254	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			_					
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f								
g Other expenses	. 8g					I		ен. 191	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1								
i Net income (loss) (subtract line 8h from line 8c)							3	4254	
j Transfers to (from) the plan (see instructions)	· 8j							2	310.3
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	i feature co	des from the List of Plan Chara	acleris	tic Co	des in	the instruc	tions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plan Chara	clerist	ic Cod	les in t	he instructi	ions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No		Amou	int	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 			10a		x		Allou	<u></u>	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not	include transactions reported	10b		x				
C Was the plan covered by a fidelity bond?	0.00		40-	х					
		- Martin - Andrew States - Andrew - Andre	10c	~			1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	3	00000
or dishonesty?	••••••	•••••••••••••••••	10d		x				
e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x				
f Has the plan failed to provide any benefit when due under the pl			10f		x			2702	
					115725				
g Did the plan have any participant loans? (If Yes, enter amount h If this is an individual account plan, was there a blackout period?			10g		X				
If 10h was answered "Yes," check the box if you either provided			10h		×				
exceptions to providing the notice applied under 29 CFR 2520.1			10i						14
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							Π	Yes	No
11a Enter the amount from Schedule SB line 39					11a			1107	
12 Is this a defined contribution plan subject to the minimum fundin	ig requirem	ents of section 412 of the Code	e or se	clion	302 of	ERISA?	Π	Yes	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							·		<u>д</u>
a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amortli	zed in this plan year, see instru		, and (enter ti Day	ne date of f	he lette Year	er rulir	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedu									
b Enter the minimum required contribution for this plan year					12b				

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с	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 of a 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 in any plan year?		es 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 under the of the PBGC?			Y	es 🛛 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	lo			
1	I3c(1) Name of plan(s):	3c(2) E	N(s)	130	:(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b T	rust's El	N	