# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**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** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
HAMPTON GOLF, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 04/01/2007

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

HAMPTON GOLF, INC.

7807 BAYMEADOWS RD E STE 205
JACKSONVILLE, FL 32256-9666

**2b** Employer Identification Number (EIN)
59-3562871

**2c** Sponsor's telephone number
904-564-9129

**2d** Business code (see instructions)
713900

**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 accompanying schedules, statements and attachments, 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 HERE** | Filed with authorized/valid electronic signature. | 10/02/2013 | MG ORENDER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/02/2013 | MG ORENDER |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** 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

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 678 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 319 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 47 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 366 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 366 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 185 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 13 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2K 2F 2G 3D

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | [X] | **R** (Retirement Plan Information) |
| **(2)** | [ ] | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | [ ] | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **D** (DFE/Participating Plan Information) |
| **(6)** | [ ] | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
HAMPTON GOLF, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HAMPTON GOLF, INC.

**D** Employer Identification Number (EIN)
59-3562871

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 35-0472300 | 65676 | GP38590 | 185 | 01/01/2012 | 12/31/2012 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 3199 | 826 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

NFP SECURITIES INC
1250 CAPITOL OF TX HWY S BLDG 2
STE 125
AUSTIN, TX 78746

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 3199 | 826 | MARKETING ALLOWANCE NON-MONETARY COMPENSATION TO SALES REP | 4 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1181217 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 55630 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 23949 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 1410 | | |
| | (4) Transferred from separate account | 7c(4) | 117200 | | |
| | (5) Other (specify below) | 7c(5) | 0 | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 142559 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 198189 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2354 | | |
| | (2) Administration charge made by carrier | 7e(2) | 494 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) | 7e(4) | 0 | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 2848 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 195341 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
HAMPTON GOLF, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HAMPTON GOLF, INC.

**D** Employer Identification Number (EIN)
59-3562871

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

LINCOLN NATIONAL CORPORATION

35-1140070

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | SERVICE PROVIDER | 10584 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

STADION MONEY MANAGEMENT

58-2099805

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 | SERVICE PROVIDER | 6468 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

ERWIN FOUNTAIN & JACKSON

8762 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 8900 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
HAMPTON GOLF, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
HAMPTON GOLF, INC.

**D** Employer Identification Number (EIN)
59-3562871

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA11 LVIP DELAWARE GROWTH & INC

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-1140070-111 | P | 2796 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA12 LVIP DELAWARE BOND

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-1140070-112 | P | 2454 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA14 FEDERATED GOVERNMENT ULTRA

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-1140070-114 | P | 30236 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA17 COLUMBIA ACORN

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-1140070-117 | P | 5387 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA19 LVIP VANGUARD DOMESTIC EQU

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-1140070-119 | P | 15775 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20 FRANKLIN HIGH INCOME

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-1140070-120 | P | 9760 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21 VANGUARD LIFESTRATEGY MODE

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-1140070-121 | P | 2827 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 LVIP MONDRIAN INT'L VALUE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-122 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1095 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 SSGA RUSSELL ALL CAP INDEX | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-123 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2367 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SSGA RUSSELL SMALL/MID CAP | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-124 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3595 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27 LVIP SSGA S&P 500 INDEX | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-127 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1238 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 INVESCO GROWTH AND INCOME | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-128 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 268 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30 VANGUARD LIFESTRATEGY CONS | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-130 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2026 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32 VANGUARD LIFESTRATEGY GROW | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-132 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1901 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA33 LVIP DELAWARE SOCIAL AWARE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-133 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 880 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA34 AMERICAN FUNDS NEW PERSPEC | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-134 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4753 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-135 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5319 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SSGA SMALLCAP INDEX | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-136 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 289 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA48 AMERICAN FUNDS GROWTH FUND | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-148 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3032 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AMERICAN FUNDS INVESTMENT | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-149 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1878 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA54 AMERICAN FUNDS EUROPACIFIC | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-154 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3014 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55 LVIP CLARION GLOBAL REAL E | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-155 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2235 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMALL CAP VAL | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-156 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2473 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA57 LVIP DIMENSIONAL US EQUITY | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-157 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13923 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA58 FRANKLIN GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-158 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2539 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-167 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3384 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLACKROCK FLEXIBLE EQUITY | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | | |
| **c** EIN-PN 35-1140070-183 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4853 |

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-184 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10463 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 LVIP BLACKROCK INFLATION | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-192 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 863 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA95 LVIP DELAWARE FOUNDATION C | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-195 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9538 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96 LVIP DELAWARE FOUNDATION M | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-196 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35937 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97 LVIP DELAWARE FOUNDATION A | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-197 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23377 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL1 LVIP PROTECTED PROFILE 201 | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-701 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 410 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2 LVIP PROTECTED PROFILE 202 | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-702 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12200 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL3 LVIP PROTECTED PROFILE 203 | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-703 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21310 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL4 LVIP PROTECTED PROFILE 204 | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-704 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138758 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATC STADION MANAGED CONSERVATI | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION | | |
| **c** EIN-PN 35-1140070-705 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2343 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATM STADION MANAGED MODERATE

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-706 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 327004 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG STADION MANAGED GROWTH

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-707 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 400584 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5 LVIP SSGA INTERNATIONAL IN

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-708 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 722 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-709 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL8 SSGA RUSSELL LARGE CAP VAL

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-711 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2969 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL9 SSGA RUSSELL LARGE CAP GRO

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-712 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1218 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA S&P MIDCAP INDEX NON-

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-713 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALB SSGA RUSSELL SMALL CAP VAL

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-714 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALC SSGA RUSSELL SMALL CAP GRO

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-715 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3799 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1C AMERICAN FUNDS HIGH-INCOME

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-716 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 629 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1E AMERICAN FUNDS BOND FUND O

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-717 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1614 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1X LVIP BARON GROWTH OPPORTUN

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-718 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 469 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALL LVIP PROTECTED PROFILE 205

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-719 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8534 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALM PIMCO TOTAL RETURN

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-720 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATB STADION MANAGED BALANCED

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-722 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31519 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATP STADION MANAGED CAPITAL PR

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

| **c** EIN-PN 35-1140070-723 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16180 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
HAMPTON GOLF, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HAMPTON GOLF, INC.

**D** Employer Identification Number (EIN)
59-3562871

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 1124754 | 1181217 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 55630 | 195341 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1180384 | 1376558 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1180384 | 1376558 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 104376 | |
| | **(B)** Participants | 2a(1)(B) | 279333 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 383709 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 0 | |
| | **(F)** Other | 2b(1)(F) | 1410 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1410 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 128840 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 513959 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 260568 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 260568 |
| f Corrective distributions (see instructions) | 2f | | 31265 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 25952 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 25952 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 317785 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 196174 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: ERWIN, FOUNTAIN & JACKSON, P.A. **(2)** EIN: 59-3613159

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 100000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
HAMPTON GOLF, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HAMPTON GOLF, INC.

**D** Employer Identification Number (EIN)
59-3562871

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-1140070

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | | |
|---|---|---|---|
| **a** | The current year | **14a** | |
| **b** | The plan year immediately preceding the current plan year | **14b** | |
| **c** | The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | | |
|---|---|---|---|
| **a** | The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** | The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | | |
|---|---|---|---|
| **a** | Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# HAMPTON GOLF, INC. 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

AS OF DECEMBER 31, 2012 AND 2011
AND FOR THE YEAR ENDED DECEMBER 31, 2012

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HAMPTON GOLF, INC. 401(K) PLAN


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ERWIN, FOUNTAIN & JACKSON, P.A.
*CERTIFIED PUBLIC ACCOUNTANTS*

# INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Hampton Golf, Inc.
Jacksonville, Florida

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hampton Golf, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2012 and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing the information with the related

information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

**Basis of Accounting**

We draw attention to Note B of the financial statements, which describe the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to that matter.



Erwin, Fountain & Jackson, P.A.
Jacksonville, Florida
September 30, 2013

**HAMPTON GOLF, INC. 401(K) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS**
**December 31, 2012 and 2011**

| | 2012 | 2011 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value -- Note B: | | |
| Investment contract with insurance company -- Notes C, D and E | $ 1,376,558 | $ 1,180,384 |
| *TOTAL ASSETS* | 1,376,558 | 1,180,384 |
| **LIABILITIES** | - | - |
| Net assets available for benefits at fair value | 1,376,558 | 1,180,384 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contract | - | - |
| Net assets available for benefits | $ 1,376,558 | $ 1,180,384 |

*See accompanying notes to financial statements*

**HAMPTON GOLF, INC. 401(K) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS**
**Year Ended December 31, 2012**

| | |
|---|---|
| ADDITIONS | |
| Additions to net assets attributed to: | |
| Investment Income | |
| Net appreciation in fair value of investments -- Note E | $ 128,840 |
| Interest | 1,410 |
| | 130,250 |
| Contributions | |
| Participants' | 279,333 |
| Employer's | 104,376 |
| | 383,709 |
| *TOTAL ADDITIONS* | 513,959 |
| DEDUCTIONS | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 260,568 |
| Corrective distributions | 31,265 |
| Administrative expenses | 25,952 |
| *TOTAL DEDUCTIONS* | 317,785 |
| Net increase | 196,174 |
| Net assets available for benefits: | |
| Beginning of year | 1,180,384 |
| End of year | $ 1,376,558 |

## NOTE A -- DESCRIPTION OF PLAN

The following description of Hampton Golf, Inc. ("The Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL - The Plan is a defined contribution plan covering substantially all employees of the Hampton Golf, Inc. 401 (k) Plan who have completed one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS - Each year, participants may contribute from 1% to 90% of pretax annual compensation as defined by the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers an insurance investment contract as an investment option for participants. The employer's matching contribution is discretionary and is determined by the employer with respect to each plan year. The discretionary employer contribution is invested in the investment option offered by the Plan as directed by the participant.

PARTICIPANT ACCOUNTS - Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING – Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Vesting in the Company's discretionary contributions, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after six years of credited service.

PAYMENTS OF BENEFITS - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or other specified manner of payment, not to extend beyond the participant's life expectancy (or the life expectancy of the participant and his or her designated beneficiary). For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

FORFEITED ACCOUNTS – At December 31, 2012 and 2011, forfeited non-vested accounts totaled $23,502 and $22,867, respectively. These accounts will be used to reduce future employer contributions and pay Plan expenses.

## NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING - The accounts of the Plan are maintained, and the accompanying financial statements have been prepared on the modified cash basis: investment income is recognized when received and disbursements are recognized when made. Accordingly, the financial statements are not intended to present the net assets and changes in net assets of the Plan in conformity with generally accepted accounting principles.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contact value basis.

DATE OF MANAGEMENT'S REVIEW – Subsequent events were evaluated through September 30, 2013, which is the date the financial statements were available to be issued.

ESTIMATES – The preparation of financial statements in conformity with the modified cash receipts and disbursements basis of accounting requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement-date basis.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis, the net depreciation in the fair value of investments which consists of realized gains and losses and unrealized appreciation (depreciation) in the fair value of investments.

PAYMENTS OF BENEFITS - Benefits are recorded when paid.

EXPENSES - The Plan's administrative expenses are paid by either the Plan or the Company as provided by the Plan document.

## NOTE C -- FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefits – Modified Cash Basis. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

*Level 2 Fair Value Measurements*

The fair value of the pooled separate accounts are valued based on net asset value reported by the unit investment trust separate accounts on the units held by the Plan at December 31, 2012 and 2011.

*Level 3 Fair Value Measurements*

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

| | | Fair Value Measurements Using: | | |
|---|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| December 31, 2012 | | | | |
| Pooled separate accounts | $ 1,181,217 | $ - | $ 1,181,217 | $ - |
| Investment contract with insurance company | 195,341 | - | - | 195,341 |
| | $ 1,376,558 | $ - | $ 1,181,217 | $ 195,341 |

## NOTE C -- FAIR VALUE MEASUREMENTS (CONTINUED)

| | | Fair Value Measurements Using: | | |
|---|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| December 31, 2011 | | | | |
| Pooled separate accounts | $ 1,124,754 | $ - | $ 1,124,754 | $ - |
| Investment contract with insurance company | 55,630 | - | - | 55,630 |
| | $ 1,180,384 | $ - | $ 1,124,754 | $ 55,630 |

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2012 and 2011:

| | Investment Contract |
|---|---|
| December 31, 2012 | |
| Beginning Balance | $ 55,630 |
| Total gains or losses (realized and unrealized) included in changes in net assets available for benefits – modified cash basis | |
| Interest included in changes in net assets available for benefits – modified cash basis | 1,410 |
| Purchases, sales, issuances, and settlements: | |
| Purchases | 141,149 |
| Sales | - |
| Issuances | - |
| Settlements | (2,848) |
| Ending Balance | $ 195,341 |

## NOTE C -- FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2011

| | |
|---|---|
| Beginning Balance | $ 25,246 |
| Total gains or losses (realized and unrealized) included in changes in net assets available for benefits – modified cash basis | |
| Interest included in changes in net assets available for benefits – modified cash basis | 939 |
| Purchases, sales, issuances, and settlements: | |
| Purchases | 29,726 |
| Sales | - |
| Issuances | - |
| Settlements | (281) |
| Ending Balance | $ 55,630 |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits – modified cash basis for the year ended December 31, 2012 are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2012, transfers out of Level 2 into Level 3 totaled $117,200.

## NOTE D -- INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Lincoln National Life Insurance Company. Lincoln National Life Insurance Company maintains the contributions in guaranteed and pooled separate accounts. The pooled accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. As described in Note B, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

Contract value, as reported to the Plan by Lincoln National Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting.

## NOTE D -- INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Certain events limit the Plan's ability to transact at contract value with Lincoln National Life Insurance Company. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

| Average yields: | 2012 | 2011 |
|---|---|---|
| Based on interest rate credited to participants | 3.11% | 3.37% |

## NOTE E -- UNAUDITED INFORMATION CERTIFIED BY THE TRUSTEE

The December 31, 2012 and 2011 Statements of Net Assets Available for Benefits – Modified Cash Basis, the investment activities included on the Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis for the year ended December 31, 2012, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules & Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974.

The contract value of investments at December 31, 2012 and 2011 as certified by the Trustee is summarized as follows:

| | 2012 | 2011 |
|---|---|---|
| Pooled separate accounts | $ 1,181,217 | $ 1,124,754 |
| Guaranteed accounts | 195,341 | 55,630 |
| | $ 1,376,558 | $ 1,180,384 |

## NOTE E -- UNAUDITED INFORMATION CERTIFIED BY THE TRUSTEE (CONTINUED)

The following presents investments at December 31, 2012 and 2011 that represent 5% or more of the Plan's net assets:

| | 2012 | 2011 |
|---|---|---|
| Lincoln National Life LVIP Wilshire 2040 Profile PSA, 13,410 and 6,155 units of participation | $ 138,758 | $ 59,571 |
| Lincoln National Life LVIP S&P 500 Index, 927 and 101,987 units of participation | - * | 118,111 |
| Lincoln National Life LVIP SSgA International Index, 82 and 10,359 units of participation | - * | 77,407 |
| Lincoln National Life LVIP SSgA Bond Index, 15 and 8,086 units of participation | - * | 100,993 |
| Lincoln National Life SATG Stadion Managed Growth, 35,516 and 20,890 units of participation | 400,584 | 208,976 |
| Lincoln National Life SATM Stadion Managed Moderate, 28,921 and 14,337 units of participation | 327,004 | 148,196 |
| Lincoln National Life Guaranteed Account, 78,333 and 55,630 units of participation | 78,333 | - * |
| Lincoln National Life Managed Principal Project Portfolio, 117,008 and -0- units of participation | 117,008 | - * |
| | $ 1,061,687 | $ 713,254 |

*Does not represent 5% or more of Plan assets.

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $128,840 as follows:

| | |
|---|---|
| Investments at fair value as determined by quoted market price: | |
| Pooled separate accounts | $ 128,840 |

## NOTE F -- RELATED-PARTY TRANSACTIONS

The Plan does not consider the Company's contributions to the Plan to be party-in-interest transactions. The Company provides certain accounting and administrative services to the Plan for which no fees are charged.

Certain Plan investments are units of participation of mutual funds managed by Lincoln National Life Insurance Company. Lincoln National Life Insurance Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $25,952 for the year ended December 31, 2012.

## NOTE G -- PLAN AMENDMENTS

Effective September 26, 2009, the Plan was amended and restated to comply with all applicable statutes, rulings, and regulations.

## NOTE H -- TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related Trust is tax exempt.

The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2009.

## NOTE I -- ALLOCATIONS TO TERMINATED PARTICIPANTS

Net assets available for benefits at December 31, 2012 and 2011 include $322,010 and $118,750, respectively, allocated to accounts of persons who as of or prior to December 31, 2012 and 2011 had terminated employment with the Company. Per the Plan document, any distribution to a participant who has a benefit which equals or exceeds $5,000 for the years ended December 31, 2012 and 2011, requires such participant's consent if such distribution commences prior to the later of normal retirement age or age 62. If a participant fails to consent, it is deemed an election to defer commencement of payment of any benefit. As of December 31, 2012 and 2011, no benefit consent had been received by the Plan with respect to any terminated participant account balance.

## NOTE J -- PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

SUPPLEMENTAL SCHEDULE

**HAMPTON GOLF, INC. 401(K) PLAN**
**EIN: 59-3562871**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2012**

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

| (a) | (b) Identity of Issue, Borrower Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost ← | (e) Current Value |
|---|---|---|---|---|
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA11 Delaware Growth & Income | $ - | $ 2,796 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA12 LVIP Delaware Bond | - | 2,454 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA14 Federated Government Ultra | - | 30,236 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA17 Columbia Acorn | - | 5,387 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA19 Vanguard Domestic Equity | - | 15,775 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA20 Franklin High Income | - | 9,760 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA21 Vanguard Lifestrategy Moderate Growth | - | 2,827 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA22 LVIP Mondrian International Value | - | 1,095 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA23 SSgA Russell All Cap Index | - | 2,367 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA24 SSgA Russell Small/Mid Cap | - | 3,595 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA27 LVIP SSgA S&P 500 Index | - | 1,238 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA28 Invesco Growth and Income | - | 268 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA30 Vanguard Lifestrategy Cons Growth | - | 2,026 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA32 Vanguard Lifestrategy Growth | - | 1,901 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA33 LVIP Social Aware | - | 880 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA34 American Funds New Perspective | - | 4,753 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA35 Fidelity VIP Contrafund | - | 5,319 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA36 LVIP SSgA Cap Index | - | 289 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA48 American Funds Growth Fund | - | 3,032 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA49 American Funds Investment | - | 1,878 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA54 American Funds EuroPacific | - | 3,014 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA55 LVIP Clarion Global Real Estate | - | 2,235 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA56 Delaware VIP Small Cap Value | - | 2,473 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA57 LVIP Dimensional US Equity | - | 13,923 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA58 Franklin Growth | - | 2,539 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA67 MFS VIT Utilities Series | - | 3,384 |

**HAMPTON GOLF, INC. 401(K) PLAN**
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**December 31, 2012**

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

| (a) | (b) Identity of Issue, Borrower Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost ← | (e) Current Value |
|---|---|---|---|---|
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA83 BlackRock Flexible Equity | - | 4,853 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA84 Fidelity VIP Mid-Cap | - | 10,463 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA92 LVIP Blackrock Inflation | - | 863 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA95 LVIP Del Fndtn Conservall | - | 9,538 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA96 LVIP Del Fndtn Moderatall | - | 35,937 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA97 LVIP Del Fndtn Agressall | - | 23,377 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL1 LVIP Protected Prof 2010 | - | 410 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL2 LVIP Protected Prof 2020 | - | 12,200 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL3 LVIP Protected Prof 2030 | - | 21,310 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL4 LVIP Protected Prof 2040 | - | 138,758 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL5 LVIP SSgA International Index | - | 722 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL6 LVIP SSgA Bond Index | - | 198 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL8 SSgA Russell LC VI IX Non-Ln | - | 2,969 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL9 SSgA Russell LC GR IX Non-Ln | - | 1,218 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALA SSgA S&P Mid-Cap Index Non-Ln | - | 104 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALC SSgA Russell SC GR IX Non-Ln | - | 3,799 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALL VIP Protected Profile 2050 | - | 8,534 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALM Pimco Total Return | - | 178 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATB Stadion Managed Balance | - | 31,519 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATC Stadion Managed Conservative | - | 2,343 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATG Stadion Managed Growth | - | 400,584 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATM Stadion Managed Moderate | - | 327,004 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATP Stadion Managed Capital Pres | - | 16,180 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA1C American Funds Amer High Inc | - | 629 |

**HAMPTON GOLF, INC. 401(K) PLAN**
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**December 31, 2012**

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

| (a) | (b) Identity of Issue, Borrower Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost ← | (e) Current Value |
|---|---|---|---|---|
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA1E American Funds Bond America | - | 1,614 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA1X LVIP Barron Growth Opp | - | 469 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – Guaranteed Account | - | 78,333 |
| | Lincoln National Life Insurance – Director | Lincoln National Life – Managed Principal Protected Portfolio | | 117,008 |
| | | | | $ 1,376,558 |

* A party in interest as defined by ERISA

← Cost information omitted - all investments are participant directed.

**HAMPTON GOLF, INC. 401(K) PLAN**
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|---|---|---|---|---|
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA11 Delaware Growth & Income | $ - | $ 2,796 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA12 LVIP Delaware Bond | - | 2,454 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA14 Federated Government Ultra | - | 30,236 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA17 Columbia Acorn | - | 5,387 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA19 Vanguard Domestic Equity | - | 15,775 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA20 Franklin High Income | - | 9,760 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA21 Vanguard Lifestrategy Moderate Growth | - | 2,827 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA22 LVIP Mondrian International Value | - | 1,095 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA23 SSgA Russell All Cap Index | - | 2,367 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA24 SSgA Russell Small/Mid Cap | - | 3,595 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA27 LVIP SSgA S&P 500 Index | - | 1,238 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA28 Invesco Growth and Income | - | 268 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA30 Vanguard Lifestrategy Cons Growth | - | 2,026 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA32 Vanguard Lifestrategy Growth | - | 1,901 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA33 LVIP Social Aware | - | 880 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA34 American Funds New Perspective | - | 4,753 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA35 Fidelity VIP Contrafund | - | 5,319 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA36 LVIP SSgA Cap Index | - | 289 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA48 American Funds Growth Fund | - | 3,032 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA49 American Funds Investment | - | 1,878 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA54 American Funds EuroPacific | - | 3,014 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA55 LVIP Clarion Global Real Estate | - | 2,235 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA56 Delaware VIP Small Cap Value | - | 2,473 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA57 LVIP Dimensional US Equity | - | 13,923 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA58 Franklin Growth | - | 2,539 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA67 MFS VIT Utilities Series | - | 3,384 |

**HAMPTON GOLF, INC. 401(K) PLAN**
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**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2012**

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

| (a) | (b) Identity of Issue, Borrower Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost ← | (e) Current Value |
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| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA84 Fidelity VIP Mid-Cap | - | 10,463 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA92 LVIP Blackrock Inflation | - | 863 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA95 LVIP Del Fndtn Conservall | - | 9,538 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA96 LVIP Del Fndtn Moderatall | - | 35,937 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA97 LVIP Del Fndtn Agressall | - | 23,377 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL1 LVIP Protected Prof 2010 | - | 410 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL2 LVIP Protected Prof 2020 | - | 12,200 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL3 LVIP Protected Prof 2030 | - | 21,310 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL4 LVIP Protected Prof 2040 | - | 138,758 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL5 LVIP SSgA International Index | - | 722 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL6 LVIP SSgA Bond Index | - | 198 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL8 SSgA Russell LC VI IX Non-Ln | - | 2,969 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SAL9 SSgA Russell LC GR IX Non-Ln | - | 1,218 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALA SSgA S&P Mid-Cap Index Non-Ln | - | 104 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALC SSgA Russell SC GR IX Non-Ln | - | 3,799 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALL VIP Protected Profile 2050 | - | 8,534 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SALM Pimco Total Return | - | 178 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATB Stadion Managed Balance | - | 31,519 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATC Stadion Managed Conservative | - | 2,343 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATG Stadion Managed Growth | - | 400,584 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATM Stadion Managed Moderate | - | 327,004 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SATP Stadion Managed Capital Pres | - | 16,180 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA1C American Funds Amer High Inc | - | 629 |

**HAMPTON GOLF, INC. 401(K) PLAN**
**EIN: 59-3562871**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2012**

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

| (a) | (b) Identity of Issue, Borrower Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost ← | (e) Current Value |
|---|---|---|---|---|
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA1E American Funds Bond America | - | 1,614 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – SA1X LVIP Barron Growth Opp | - | 469 |
| * | Lincoln National Life Insurance – Director | Lincoln National Life – Guaranteed Account | - | 78,333 |
| | Lincoln National Life Insurance – Director | Lincoln National Life – Managed Principal Protected Portfolio | | 117,008 |
| | | | | $ 1,376,558 |

* A party in interest as defined by ERISA

← Cost information omitted - all investments are participant directed.