Form 5500-SF		Short Form Annual Return/Report of Small Employ			0.100	OMB Nos. 1210				
		Benefit Plan			Oyee		1210-0089			
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee R					2014			
	epartment of Labor Benefits Security Administration	Income Security Act of 19	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			This F	Form is Open to			
Pension Be	enefit Guaranty Corporation	tructions to the Form 55	500-SF		lic Inspection					
Part I	Annual Report I	dentification Informatio				I				
	ar plan year 2014 or fise		1/2014	and ending 12/	/31/201	4				
A This ret	checking this bo vith the form ins	ox must attach a list								
		a one-participant plan								
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	the final return/report						
	·	an amended return/report	a short plan year retu	months)						
C Check	box if filing under:	Form 5558	DFVC program							
	Ū.									
Part II	Basic Plan Infor	mation—enter all requested	information							
1a Name	•				1b 1	Three-digit				
KIMMEL ATHLETIC SUPPLY COMPANY, INC. 401(K) SAVINGS PLAN					F	plan number				
						(PN) 🕨	001			
					1C E		ective date of plan 07/01/1993			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) KIMMEL ATHLETIC SUPPLY COMPANY, INC							fication Number 345394			
							onsor's telephone number 509-326-7710			
202 E. MISSION AVE. SPOKANE, WA 99202						Business code (	iness code (see instructions) 451110			
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.							ninistrator's EIN			
KIMMEL ATHLETIC SUPPLY COMPANY, INC 202 E. MISSION AVE.					-		91-0845394 ministrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor has changed sind	ce the last return/report filed	for this plan, enter the	4b 6	509-32	6-7710			
name		ber from the last return/report.			4c PN					
		at the beginning of the plan yea	 ar		5a		112			
		0 0 1 7			5b		103			
<ul><li>b Total number of participants at the end of the plan year</li><li>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not</li></ul>						; ;				
•	,	ticipants at the beginning of the			5d(1		86			
d(2) Total number of active participants at the end of the plan year						2)	104 97			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.					5e	-	0			
		or incomplete filing of this ret				stablishod				
		er penalties set forth in the inst					able, a Schedule			
SB or Sche	edule MB completed and true, correct, and compl	d signed by an enrolled actuary	/, as well as the electronic ve	ersion of this return/report	, and to	the best of my	knowledge and			
SIGN	Filed with authorized/v	alid electronic signature.	05/01/2015	BRIAN DAVIS	IN DAVIS					
HERE	Signature of plan ad		Date		er name of individual signing as plan administrator					
SIGN HERE		valid electronic signature.	, , , , , , , , , , , , , , , , , , ,							
		Signature of employer/plan sponsor Date Enter name of individ ame (including firm name, if applicable) and address (include room or suite number ) (optional)					dual signing as employer or plan sponsor Preparer's telephone number (optional)			
				гтера						
1										

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								10		
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA section 40	21)?		Yes	No	No	t deter	mined	
Pa	t III Financial Information							_			
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Y	ear		
а	Total plan assets	. 7a	23356				2558332				
b	Total plan liabilities	. 7b		0						0	
С	Net plan assets (subtract line 7b from line 7a)	0000					2558332				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:										
	(1) Employers	. 8a(1)	1651	0 65	_						
	(2) Participants	. 8a(2)		514	_						
	(3) Others (including rollovers)		992								
				.04	_				2649	33	_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c			_				2049	55	
u	to provide benefits)	. 8d	420	26							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f	2	250							
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							422	76	
i	et income (loss) (subtract line 8h from line 8c)								2226	57	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										_
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instru	ction	s:		
	2E 2G 2J 2K 2S 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period described in								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		<b>č</b> ,	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
С	Was the plan covered by a fidelity bond?			10c	X					25583	33
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all instructions.)			10e	x					1013	30
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10q		X					
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			TUg		~					
	2520.101-3.)			10h		Х					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part VI Pension Funding Compliance											
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.										

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<b>b</b> Enter the minimum required contribution for this plan year		12b						
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c						
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	12d							
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A					
Part VII Plan Terminations and Transfers of Assets								
13a Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 ۲	Yes X No						
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s):	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)					
Part VIII Trust Information (optional)								
14a Name of trust			14b Trust's EIN					