Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number H & L SPORTING GOODS, INC. 401(K) PLAN 002 (PN) • 1c Effective date of plan 08/01/2000 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-0792877 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number H & L SPORTING GOODS, INC. 425-259-5515 2d Business code (see instructions) 3102 SMITH AVE. EVERETT, WA 98201 451110 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 23 5a Total number of participants at the beginning of the plan year..... 5b 20 **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 12 complete this item) 5d(1) 14 d(1) Total number of active participants at the beginning of the plan year 5d(2) 14 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested...... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete Filed with authorized/valid electronic signature 11/28/2016 MIKE RUCKER SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or control o	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)					
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined			
Part III Financial Information	, ,									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year			
a Total plan assets	7a		476	924			334780			
b Total plan liabilities	7b		476	924			334780			
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		1924			(b) Total			
a Contributions received or receivable from:		(a) Alliot	an ic				(b) Total			
(1) Employers	8a(1)									
(2) Participants	8a(2)		46	689						
(3) Others (including rollovers)	8a(3)		40	2000						
b Other income (loss)	8b		-13	023			22666			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c						33666			
to provide benefits)	8d		175	810						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g						475040			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						175810 -142144			
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i						-142144			
	8j									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructions:			
2E 2G 2J 2K 2T 3D										
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	X			5000			
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
					X					
h If this is an individual account plan, was there a blackout period?	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X					
i If 10h was answered "Yes," check the box if you either provided the	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									
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			10)	<u> </u>						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)										
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No			

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian				telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method				
15c	15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio Aver percentage bene				
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).									
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number								
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes," enter amount								
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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Form 5500-SF

Dependent of the Freezies Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

Trits form is required to be filed under sections 104 and 4965 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6667(b) and 6668(a) of the Internal

CMB Nos, 7215-9719 1219-9069

2015

Employee Sementi Security Administration		Revenue Gode (the Cods).		Public hispaction				
Penalan Bacest Suaranty Corporation	r Complete all entries in	eccordance with the instruc	done to the Form 5506-S	E.				
Part Annual Report Id								
For calendar plan year 2015 or fisca	i plan yaar beginning 05:01/20	16	and ending 04/30/20					
A This returnsheport is for:	ance with the form instructions)							
B This return/report is	universitie () the limit returnive port () the final returnive port							
	nodervreier bekommene	a short blom kear retrump	spon (lees than 12 months	i)·				
C Check box if fling under	Form 5555 Special extension (enter dasc	Constitution		DP46 program				
PARAM Basic Plan Inform		The second secon						
18 Mame of plan H & L SPORTING GOODS, INC. 481		9 - 9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	11.6	Three-digit plea number (PN) \$ 002				
•			7.0	Effective date of plan caro 1/2000				
23 Plan sponsor's name (employer Mailing address (include room,	ect, suffering and street of P.	Ó. (Box)	28	Employer Identification Mumber (EIN) 91-0792677				
City of fower, state of province. H & L SPORTING GOODS, INC.	country, and 21P or ter aign pos	iai code (il moreign, see instruc	26	Šponsor's telephone number (425) 259-5575				
3102 SMITH AVE.		•	2d	Budiness code (sex Instructions) 451110				
		•	·					
EVERETT, WA 98201 38 Plan administrator's name and	36	3b Administrator's EIN						
4 Wilso manus accides EIN of the p	Start Consistencial Relief of Constant of Relative	s place place made constrainment filled from		Administrator's telephone number				
name, EIN, and the plan cumb a Sponeous name	e from the last return report.	is a printer definition to a second s		PN				
58. Total number of participants at	the beginning of the plan year.			Sa 25				
	the ext of the plan year		F "	56a 20				
o Number of pericipants with ac	count believes as of list and o	The plan year (defined benefit	plans do not	5¢ 1.2				
of 1) Total number of active partic			i e	3(1) 34				
d(2) Total number of active parti	Summore	2(2) 14						
	ennaled employment duing th			če 0				
than 100% vested Causton: A pomatty for the late or Under panalities of pertury and othe \$8 or Schedule M8 completed and beller, it is true, correct, and extrals	r pondition set forth in the listin algred by an encolled actiony,	ucharis I decisere that I have ou larest almostes at the flow as	cambred this return/recount.	including, if applicable, a Schedule				
		11/28//4	« Mike Ki	scher				
Signature of plan ac	ministratov			icharleining es pres administrator				
	The state of the s							
Signature of employe	definition accommission	Date	Enter name of individual a	ignky se employer or clar epontor				
Preparer's rooms (including fern nat				epareria tolenitoria number				
₹			1	· ·				

	Form 5500-SF 2015		Page 2								
6a b	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indeper and condit	ndent qualified public	accoun	tant (IC	QPA)			X Yes	No	
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA s	ection 4	1021)?] Yes	No 📗	Not determ	ined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End o	f Year		
_a	Total plan assets	. 7a		4769	24				334780		
<u>b</u>	Total plan liabilities	. 7b					_				
	Net plan assets (subtract line 7b from line 7a)	. 7c		4769	24	4			334780		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) To	tal		
а	Contributions received or receivable from: (1) Employers	. 8a(1)									
	(2) Participants	T		466	89					nesit se s Masses	
	(3) Others (including rollovers)		·-·								
b	Other income (loss)			-130	23	9-1					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				aut/		33666				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			1758	10						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e				157					
f_	Administrative service providers (salaries, fees, commissions)	. 8f									
<u>g</u>	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					175810				
<u></u>	Net income (loss) (subtract line 8h from line 8c)	The state of the s							-142144		
J	Transfers to (from) the plan (see instructions)	- 8j									
B	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Char	acterist	ic Coo	les in th	ne instruction	ns:		
10	During the plan year:				Yes	No	N/A				
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х			Amount		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х					
C	Was the plan covered by a fidelity bond?			10c	Х					5000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х					
е					х						
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Total the plan have any additional leaves (15 m/s - H)				Х						
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10ii							
j	Did the plan trust incur unrelated business taxable income?				\vdash	\neg			<u></u>		
Part				10j	I			L			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and con	nplete	Sched	ule SB	(Form	∏ Yes [
11a	Enter the unpaid minimum required contribution for all years from						11a		☐ 1es	1 140	
12	Is this a defined contribution plan subject to the minimum funding							RISA2	Yes X	(No	
	, , , , , , , , , , , , , , , , , , ,		0. 0000011 TIE OI (I			-uon J	<u> </u>	17/CIVI		7 140	

	Form 5500-SF 2015 Page 3 - 1								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insuranting the waiver.	structions, and e	enter the Day		e letter ru Year	ıling			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
<u>t</u>	Enter the minimum required contribution for this plan year		12b						
	Enter the amount contributed by the employer to the plan for this plan year		12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative 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?			Yes X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughthe PBGC?	ght under the co	control Yes X No						
С									
	13c(1) Name of plan(s):	13c(2)	EIN(s)	$\neg \top$	13c(3)	PN(s)			
Par	VIII Trust Information								
14a Name of trust					14b Trust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?		Yes		No				
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP/ACP test				
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No				
	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Average benefit test				
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No				
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	N/A			
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	oplicable	code	(See in	structions			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number									
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		he plan's	last favo	rable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				Yes No				
19	Were in-service distributions made during the plan year?		Yes	Yes No					
	If "Yes," enter amount								
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh retired), as required under section 401(a)(9)?	ether or not	19 Yes		No				
						<u> </u>			