Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Identification Information						
For calendar	plan year 2016 or fi	scal plan year beginning 05/01/2	2016 	and ending 04	4/30/2017			
A This retu	rn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac				
71 11110 10101		a one-participant plan	a foreign plan					
B This return	n/report is	the first return/report	the final return/report		4			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)			
C Check bo	ox if filing under:	Form 5558 special extension (enter description)	automatic extension	ı	DFVC program			
Part II	Rasic Plan Info	rmation—enter all requested in						
1a Name of		illiation—enter an requested in	ioimation		1b Three-digit			
	ING GOODS, INC. 4	01(K) PLAN			plan numbe	r 002		
					(PN) •	te of plan		
22 Diamana	anaaria nama (amala	var if for a single employer plan)			_	8/01/2000		
Mailing a	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		-1		entification Number 1-0792877		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) H & L SPORTING GOODS, INC.				structions)	2c Sponsor's te	elephone number 259-5515		
					2d Business co	de (see instructions)		
3102 SMITH A EVERETT, WA					4	51110		
3a Plan adr	ministrator's name ar	nd address X Same as Plan Spor	nsor.		3b Administrate	r's EIN		
					3c Administrato	r's telephone number		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	I for this plan, enter the	4b EIN			
a Sponsor					4c PN			
5a Total nu	ımber of participants	at the beginning of the plan year			5a			
b Total nu	ımber of participants	at the end of the plan year			5b	19		
		account balances as of the end of			5c	12		
d(1) Total	number of active pa	rticipants at the beginning of the pl	an year		5d(1)	13		
d(2) Total	number of active pa	rticipants at the end of the plan ye	ar		5d(2)			
		terminated employment during the			5e	0		
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca				
SB or Sched		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.						
		valid electronic signature.	02/01/2018	MIKE RUCKER				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator		
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor		
		name, if applicable) and address (in	nclude room or suite num		Preparer's teleph	<u> </u>		

Form 5500-SF 2016 Page **2**

6a Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Yes No	
	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.)							X Yes No	
If you answered "No" to either line 6a or line 6b, the plan cann		,							
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No 1	Not determined	
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Y	ear	
a Total plan assets	7a		334780)				427771	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		334780)				427771	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
a Contributions received or receivable from:	90/4)								
(1) Employers	8a(1)		37193						
(2) Participants	8a(2)		01 100						
b Other income (loss)	8a(3) 8b		55798						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							92991	
d Benefits paid (including direct rollovers and insurance premiums	00								
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i Net income (loss) (subtract line 8h from line 8c)	8i							92991	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruction	ons:	
b If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruction	ns:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Aı	mount	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	40-		X				
b Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10a		X				
reported on line 10a.) C Was the plan covered by a fidelity bond?			10b	X				500	
d Did the plan have a loss, whether or not reimbursed by the plan's			10c		X				
by fraud or dishonesty?			10d		^				
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	the benefits under	10e		X				
· · · · · · · · · · · · · · · · · · ·					X				
g Did the plan have any participant loans? (If "Yes," enter amount a			10f 10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
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	he require	d notice or one of the	10ii						
Stapphone to promising the notice applied under 20 Of It 2020.10	. •			L	I				

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		🗌	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2016

<u>Employee</u>	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Pension Buristi Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 6500-SF.								
Part I	Annual Report	Identification Information			:	'. I			
For caler	xter plan year 2016 or f	scal plan year beginning 05/01/201	8	and ending 04/3	0/2017				
A This r	etum/report is for;	X a single-employer plan a one-participant plan			yer) (Filers checking this box must attach a in accordance with the form instructions.)				
B This re	atum/report is	the first return/report	the final return/report	n/report (less than 12 m	onths)				
C Check	c box if filling under:	Form 6558	automatic extension		ם סף	∕C pregnam			
**************************************	Donlo Dien Info	special extension (enter descri	<u> </u>						
Part II		rmation—enter all requested inf	omation		71	<u> </u>			
	e of pain RTING GOODS, INC. 4	(01(k) PLAN		į		Three-digit plan number PN) • 002			
						Effective date of plan 08/01/2000			
Mallk	roor ebulanii) aaenbbs gr	yer, If for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posts		nuctions.)		Employer Identification Number EIN) 91-0792877			
	RTING GOODS, INC.	of conditing and the control photo	s ringe fit teschilit ago 1100	delicitor	2c :	ponsor's telephone number (425) 259-5515			
3102 SMITH	HAVE.				i	Business code (see Instructions) 51110			
EVERETT,	WA 98201				:				
		d address X Same as Plan Spon	90f.		3b Administrator's EIN				
					3c /	Administrator's totophone number			
name		plan sponsor has changed since to ober from the last returnireport.	se last return/report filed fr	orthis plan, enterthe	46 EIN				
		at the beginning of the plan year			4c PN 20				
		at the and of the plan year		T T	5b	19			
C Numb	er of participants with a	ccount balances as of the end of the	e plan year (only defined	contribution plans	5¢	12			
		delpants at the beginning of the place			5d(1	13			
		scipents at the end of the plan year			5d(2	13			
e Numb	er of participants that to	erminated employment during the p	lan year with accrued be	nefits that were less	5e	0			
Caution: A	ponenty for the late of	Throughout filing of this return?	beceeces od Kiw hogen	uniese reasonable cau	30 ju 0	stublished.			
SB or Sche	atties of perjury and other stule MB completed and intell correct, and complete	er penalties set forth in fire instruct d signed by an enrolled actuary, as lete	ions, I declare that I have well as the electronic ver	exemined this returning sion of this return/report	ort, irko , and to	duding, if applicable, a Schedule the best of my knowledge and			
BISN	Mr		Ilixila	× Mike P	uck	Pr			
HERE	Signature of plan ad	ministrator	Date h.R	Enter name of inclvidu	ıal sign	ing as plan administrator			
SION					:				
HERE	Signature of employ		Date	Enter name of individu	ual sign	ing as employer or plan sponsor			
Preparer's i	name (Including firm na	me, if applicable) and addrass (inc	kide room of stille numbe	1)		ner's felephane number			
S B		· · · · · · · · · · · · · · · · · · ·							
POT MARKETON	WW MARINTANA AND MARINA	nee the Instructions for Form KERR S	PET			TEAR FEAR SE (SEAR)			

	Form 5500-SF 2016		Page Z							
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you answered "No" to either line 6a or line 5b, the plan can	and cond	ndent qualified public tilons.)	accoun	tant (K	2PA)	· · · · · · · · · · · · · · · · · · ·	••	X Yes No	
c	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA s	ection 4	1 021)?	[Yes	□ No □	Not determined	
Pe	代明 Financial Information	· · · · · · ·								
7	Plan Assets and Liabilities	74. 5 74. 5	(a) Beginning	of Yee	ξ.		1 ((b) End of Y	oar	
a	Total plan assats	79		3347	80		1		427771	
b	Total plan liabilities	7b								
<u>c</u>	Net plan assets (subtract line 7b from tine 7a)	7c		3347	80			,	427771	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	(a) Amount			(b) Total			
a	Contributions received or receivable from: (1) Employers	Sa(1)								
	(2) Participants	βa(2)	37193			1				
	(3) Others (including rollovers)	8e(3)								
b	Other Income (lass)	. 8b		557						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	86					į .		92991	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			į		经帐户 经制度的 医多色质 计			
	Administrative service providers (salades, fees, commissions)	81	数 等							
8_	Other expenses	Bg	对于 实							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	811	那美国的政策的							
1	Net Income (loss) (subtract line 8h from line 8c)	81							92991	
<u> </u>	Transfers to (from) the plan (see instructions)	. Bj				3 1 - No.				
	TIV Plan Characteristics				· .		!	-		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	ract csi	stic Co	des in	the instructi	ons:	
þ	If the plan provides welfare benefits, enter the applicable welfare to	eature coo	les from the List of Pta	n Char	acteris	ic Cod	es in t	ne instructio	18:	
Par	V Compliance Questions									
10	During the plan year:			,	Yes	No	NA	<u></u>	nount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See Instructions and DOL's V Program)	Chuntary F	iduciary Correction	10a		×		, -		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10s.)	? (Do not	ncione transactions	105		х				
C	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	Х				5000	
	Did the plan have a loss, whether or not reimbursed by the plan's by traud or dishonesty?	fidelity bo	nd, that was caused	100		Х				
ę	Were any fees or commissions paid to any brokers, agents, or officering insurance service, or other organization that provides somethe plan? (See instructions.)	er person	s by an insurance the benefits under	10e		х				
7	Has the plan failed to provide any banefit when due under the plan			101		Х		. ,		
g	Did the plan have any participant loans? (if "Yes," enter amount a	****		10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			1 <i>0</i> +>		х				
Ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	e required	notice or one of the	101						

	Form \$500-SF 2016	Pa	ge 3- 1		:			
profession								
Part					:			
11	is this a defined benefit plan subject to minimum funding requir (Form 5500) and line 112 below)	rements? (# 'Yes," see i	natructions and	complète	Schedule S	汩	Y	'ea 📗 No
112	Enter the unpaid minimum required contributions for all years fi	rom Schedule SB (Form	5500) Rne 40,		11a	ļ		
12	is this a defined contribution plan subject to the minimum fundi ERISA?	<u>*</u>	ion 412 of the	Code or se	ction 302 c	rf	Пү	es X No
	in tea, complete the 12a of lines 12b, 12c, 12d, and 12e be	low, as applicable.)				;		1
a a	If a waiver of the minimum funding standard for a prior year is b granting the waiver.	oeing amortized in this pl	lan year, see ir	structions,	and enter Da		fithe letter Year	ruling
Ĭŧ y	you completed line 12a, complete lines 3, 9, and 10 of School	luie MB (Form 5500), a	nd skip to line	13.	1.753	<i>I</i>	169	
b	Enter the minimum required contribution for this plan year	<u> </u>	********************	*******	12b			
Ç	Enter the amount contributed by the employer to the plan for this	s plan year			12c		***************************************	
d	Subtract the amount in line 12c from the amount in line 12b, Ennegative amount)	ter the result (enter a mi	tills sion to the	ביות ולמו	1,1		·	
DELLO CONTROL	Will the markinum funding amount reported on line 12d be met b	by the funding deadline?				Yes	No	N/A
20110	Plan Terminations and Transfers of Assets	-						7
13a	Has a resolution to terminate the plan been adopted in any plan year	r?	**********			Yes	X No	>
A7/4 64 -10-1-1	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year			13a	T		
	Were all the plan assets distributed to participants or beneficiari control of the PBGC?	****	******				Yes X	No
c	If, during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to anoth	sr plan(s), iden	bify the pla	n(s) to	A		
	Sc(1) Name of plan(s):			130	(2) EIN(s)		13c(3)	PN(s)
						-		
						1		
9 .43	Trust Information	······································						······································
************	ame of trust				446	- 22 PMAL		
					3.40	Truel'e ElN		
14c N	ame of trustee or custodian				144	Trustee's o	A 04-04-04-04-04-04-04-04-04-04-04-04-04-0	1-
						telephone:		11.9
- 								
Part	IRS Compilance Questions		*****					
15a is	the plan a 401(k) plan? if "No;" skip b	*******************************		Ye	6		Nα	
15b H	ow did the plan satisfy the nondiscrimination requirements for ea	mployee defemals under	section	ПВ	sign-based a harbor	7 1	"Prior yes	r" ADP
40	71(k)(3) for the plan year? Check all that apply:			C *O	e narbor Krent year	_	tesi	
				ŬA ∐	P test	U	N/A	
16a W	That testing method was used to satisfy the coverage requirements? Check ell that apply:	nts under section 410(b)	for the plan		rcentage	Aven	age Ottest	∏ N/A
16b Di	id the plan satisfy the coverage and nondiscrimination requirem	ents of sections 410(b)	and 401(a)(4)	∏ Ye	,			
17a if	r the plan year by combining this plan with any other plan under the plan is a master and prototype plan (M&P) or volume submit a letter.	the permissive apprega	tion rules?				No.	
	end the senat number							
93.01	the plan is an individually-designed plan that received a favorabiter	de determination letter fr	om the (RS, e	vier the da	e of the m	ost recent	determina	etion
W	Fined Benefit Plan or Money Purchase Pension Plan Only: ere any distributions made during the plan year to an employee rvice?	who attained age 62 an	d had not sepa	rated from	y es	, [] v	No	
19 W	as any pian participant a 5% owner who had attained at least ag				Yes	: 📋 ,	vio	