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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1			
For calend	dar plan year 2018 or	fiscal plan year beginning 03/01/	2018	and ending 0	2/28/2019	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a	,	
5		a one-participant plan	a foreign plan			
B This ref	turn/report is	the first return/report	the final return/repor	rt		
		X an amended return/report	a short plan year ret	curn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC progra	m
		special extension (enter desc	eription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name		INC. PROFIT SHARING PLAN			1b Three-diging plan number (PN) ▶	
					1c Effective of	date of plan 03/01/1986
2a Plan	sponsor's name (empl	loyer, if for a single-employer plan)			2b Employer	Identification Number
	`	om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos	,	structions)	(EIN)	91-0747150
	SPORTS CENTER, I		(ii			telephone number 06-546-2431
					2d Business	code (see instructions)
	ORA AVENUE N. E, WA 98133-4419					713900
3a Plan	administrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
4 If the	name and/or EIN of tl	he plan sponsor or the plan name h	as changed since the las	t return/report filed for	4b EIN	
	olan, enter the plan sp sor's name	onsor's name, EIN, the plan name	and the plan number from	n the last return/report.	4d PN	
C Plan					4 4 1 N	
_		ts at the beginning of the plan year.			. 5a	15
		ts at the end of the plan year			. 5b	13
		h account balances as of the end of			. 5c	13
d(1) To	tal number of active p	participants at the beginning of the p	lan year		5d(1)	13
` '		participants at the end of the plan ye			5d(2)	12
than	100% vested	no terminated employment during th			. 5e	0
		e or incomplete filing of this retur				
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, mplete.				
SIGN HERE	Filed with authorize	ed/valid electronic signature.	01/10/2020	TERRY GREEN		
HEKE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN HERE						
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	lual signing as en	nployer or plan sponsor

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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		`					X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)					X Yes	No
_	If you answered "No" to either line 6a or line 6b, the plan cann							□ Nat data wasin a	اد د
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the					_		Not determine (See instructions	
		le i boo p	remain ming for this p	ian yea	'			(See instructions	3.)
Pa	rt III Financial Information		Г						
7	Plan Assets and Liabilities		(a) Beginning				(b) End		
<u>a</u>	Total plan assets	7a	14	79619	_			1474870	
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	14	79619	_			1474870	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)			_				
	(3) Others (including rollovers)	8a(3)			_				
<u>b</u>	Other income (loss)	8b	:	29418					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29418	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	:	26811					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		7356					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						34167	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						-4749	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 3D $$ 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Д	mount	
а	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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
	· ·			10c	X			150000	
d		fidelity bo	nd, that was caused	10d		X		100000	
е	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.)	her person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ			
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	•		10i					

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Part	VI Pension Funding Compliance							
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 contributions for all years from Schedule SB (Form 5500) line 40								
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, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling			
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

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).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	Complete all entries	in accordance with the in	structions to the Form 5	5500-SF.	
Part I Annual Repor	rt Identification Informati	on	and ending	02/28/2	019
For calendar plan year 2018 or A This return/report is for:	fiscal plan year beginning a single-employer plan a one-participant plan	03/01/2018 a multiple-employer list of participating a foreign plan	plan (not multiemployer) employer information in a	(Filers checking this	box must attach a
B This return/report is	the first return/report an amended return/report	the final return/repo	ort turn/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extensio	n	DFVC program	
Part II Basic Plan In	formation—enter all requester	d information			
1a Name of plan HIGHLAND SPORTS CE	NTER, INC. PROFIT SE	HARING PLAN		1b Three-digit plan number (PN)	001
				1c Effective dat 03/01/1	
Mailing address (include ro	ployer, if for a single-employer pla	P.O. Box)	netructions)	(EIN)91-0	
HIGHLAND SPORTS CE	nce, country, and ZIP or foreign p NTER, INC.	ostal code (il loreign, see il	istructions)	2c Sponsor's te (206) 54	
18005 AURORA AVENU	E N.			2d Business co	de (see instructions)
SHORELINE			WA 98133-4419	713900	
	and address ⊠ Same as Plan S			3c Administrato	or's telephone number
this plan, enter the plan sp	the plan sponsor or the plan name consor's name, EIN, the plan nam	e has changed since the last ne and the plan number from	st return/report filed for in the last return/report.	4b EIN	
a Sponsor's name C Plan Name				4d PN	
	ts at the beginning of the plan ye			The state of the s	1.
C Number of participants with	ts at the end of the plan year h account balances as of the end	of the plan year (only defin	ned contribution plans	5b	1
	participants at the beginning of the			5d(1)	1
d(2) Total number of active p	participants at the end of the plan	year			1
than 100% vested	o terminated employment during			5e	
inger penaities of penury and d	or incomplete filing of this re- other penalties set forth in the ins and signed by an enrolled actuar applete.	In whiche I doclare that I be	to one of the ball and appropriate the second	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN COLUM	
IGN Temp	Gien	1/10/202	TERRY GREEN		
Signature of plan	administrator	Date	Enter name of indiv	idual signing as pla	n administrator
Signature of emplo					

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the contractions of the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligible.	an independ	ient qualified public a				X Yes No
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	ot use Forn surance pro	ogram (see ERISA se	ection 4	021)?		No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
	Total plan assets	7a	1,	479,	619	- 7-12	1,474,870
_	Total plan liabilities	7b					
_	Net plan assets (subtract line 7b from line 7a)	7c	1,	479,	619		1,474,870
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а		8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		29,	418		
		8c	The second				29,418
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		26,	811		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		7,	356		
g	Other expenses	8g				102110	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					34,167
i	Net income (loss) (subtract line 8h from line 8c)	8i	1000				-4,749
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics				-		
9a	2É 3Ď 3H	feature cod	es from the List of Pl	an Cha	racteri	stic Codes i	n the instructions:
b	1000 1 11 15 1 00 1 10 10 10 10						
-	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara			
11100	rt V Compliance Questions	eature code	s from the List of Pla	n Chara			
11100	rt V Compliance Questions During the plan year:			n Chara			
Pa 10	rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	itions within	the time period		acteris	No No	the instructions:
Pa 10	rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest	itions within oluntary Fig t? (Do not in	the time period duciary Correction	10a	acteris	tic Codes in	the instructions:
Pa 10	rt V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	itions within /oluntary Fig t? (Do not in	the time period duciary Correction clude transactions	10a	Yes	No X	Amount
10 6	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	itions within foluntary Fig 1? (Do not in	the time period duciary Correction iclude transactions	10a 10b	acteris	No X	the instructions:
Pa 10	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	tions within following the fidelity bonder persons needs a fidelity bonder persons needs and fitter persons needs need needs and fitter persons needs needs needs needs need needs needs needs need need	the time period duciary Correction clude transactions d, that was caused by an insurance the henefits under	10a 10b 10c	Yes	No X	Amount
Pa 10	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram). Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or officarrier, insurance service, or other organization that provides som the plan? (See instructions.)	tions within /oluntary Fig. (Do not in fidelity bond her persons ne or all of the	the time period duciary Correction aclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No X X X	Amount
Pa 10	During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan.	tions within /oluntary Fic t? (Do not in fidelity bond her persons ne or all of the	the time period duciary Correction include transactions and, that was caused by an insurance the benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X	Amount
Pa 10 c c e	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram). Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides some the plan? (See instructions.)	tions within /oluntary Fic (Po not in fidelity bond her persons ne or all of the persons of year-er /See instructions)	the time period duciary Correction aclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No X X X	Amount

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Part '	VI	Pension Funding Compliance						
11	ls t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see orm 5500) and line 11a below)	instructions a	ind complete Sc	hedule	SB		Yes No
11a		ter the unpaid minimum required contributions for all years from Schedule SB (For			100000000000000000000000000000000000000			
12	Is EF	this a defined contribution plan subject to the minimum funding requirements of ser RISA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ction 412 of th	e Code or section		of		Yes 🛛 No
а	Ifa	a waiver of the minimum funding standard for a prior year is being amortized in this anting the waiver.	plan year, see	instructions, an	d enter Da		f the lett Year	
If y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	and skip to I	ne 13.				
b	Ent	er the minimum required contribution for this plan year			12b			TO LE
		er the amount contributed by the employer to the plan for this plan year			12c		11-14	
d	Su	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a n gative amount)	minus sign to t	he left of a	12d			
е	W	Il the minimum funding amount reported on line 12d be met by the funding deadline	7			Yes	No	N/A
Part '		Plan Terminations and Transfers of Assets			- 10			
13a	На	is a resolution to terminate the plan been adopted in any plan year?				☐ Yes	N N	lo
	If'	Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	W	ere all the plan assets distributed to participants or beneficiaries, transferred to anoti- ntrol of the PBGC?	her plan, or he				Yes X	No
С	If,	during this plan year, any assets or liabilities were transferred from this plan to anothich assets or liabilities were transferred. (See instructions.)	her plan(s), id	entify the plan(s)	to			
-		and a second sec						

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):