Department of the Treasury internal Revenue Service Benefit Plan 2013 Department of Labor Enclose Benefits Security Actionisation Pension Benefits Guaranty Corporation This form is required to be filed under sections 104 and 4065 of the Employee the Internal Revenue Code (the Code). This Form is Open to Inspection Part I Annual Report Identification Information • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Inspection For calendar plan year 2013 or fiscal plan year beginning 0.101/2013 and ending 12/31/2013 A This return/report a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report ashort plan year return/report a short plan year return/report a one-participant plan B This return/report is the first return/report a short plan year return/report a one-participant plan B This return/report a short plan year return/report a none-participant plan DFVC program B Form 5558 automatic extension DFVC program gecial extension (enter description) Image: D Form 5558 automatic extension DFVC program code of	
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6056(a) of the Internal Revenue Code (the Code). This Form is Open to Inscendence of the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Inscendence of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Inscendence of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Inscendence of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Inscendence of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Inscendence of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Concercition Concercition Form 5558 an anended return/report a short plan entries in accordance with entreport anothemation There-digit	
Densition Benefit Guaranty Comportion Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection Part I Annual Report Identification Information and ending 12/31/2013 a one-participant plan For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan year return/report (less than 12 months) C C C check box if filing under: Form 5558 automatic extension DFVC program geneial extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) > 001 Iver RIDGE HARDWARE 401(K) PLAN 1b Three-digit plan number (PN) > 001 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Nu (EIN) 91-1317202 2b Sponsor's talephone num 509-328-0915 2d Business code (see instru 444130 3a Plan administrator's name and address Same as Plan Sponsor Name <td< td=""><td>Public</td></td<>	Public
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: A single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Ib Three-digit plan number (PN) ▶ 001 RIVER RIDGE HARDWARE 20b Employer Identification Nu (EIN) ▶ 001 2803 WEST GARLAND AVENUE SPOKANE, WA 99205 Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 91-1317202 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone RIVER RIDGE HARDWARE 2803 WEST GARLAND AVENUE SPOKANE, WA 99205 3c Administrator's telephone	1 ubile
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RIVER RIDGE HARDWARE 2803 WEST GARLAND AVENUE SPOKANE, WA 99205 91-1317202 3C Administrator's telephone	ctions)
SPOKANE, WA 99205 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 4c PN 	
5a Total number of participants at the beginning of the plan year 5a	
b Total number of participants at the end of the plan year	18
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	18
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	17
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	17
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	17 11 s 🗌 No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not dete	17 11 s 🗌 No
	17 11 s 🗌 No s 🗌 No
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 Sc	17 11 s 🗌 No s 🗌 No
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 knowledg belief, it is true, correct, and complete.	17 11 s No s No rmined
SIGN Filed with authorized/valid electronic signature. 09/23/2014 BRIAN POIRIER	17 11 s No s No rmined hedule
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	17 11 s No s No rmined hedule
SIGN	17 11 s No s No rmined hedule
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan state	17 11 s No s No rmined hedule
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) JODI CALHOUN RANDALL & HURLEY, INC. 601 W. RIVERSIDE AVE., SUITE 1600 SPOKANE, WA 99201 Preparer's telephone number (optional) 509-838-5500 509-838-5500	17 11 s No s No rmined hedule e and ponsor

L

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	34840	9			461257
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	34840	9			461257
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	- (1)	1000	2			
(1) Employers	8a(1)	1022				
(2) Participants	8a(2)	1928				
(3) Others (including rollovers)	8a(3)	484				
b Other income (loss)	8b	7849	9	_		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		112848
d Benefits paid (including direct rollovers and insurance premiums 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					0
i Net income (loss) (subtract line 8h from line 8c)	8i					112848
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics	· · ·					
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	eature codes	from the List of Plan Charac	cteristi	ic Cod	les in t	he instructions:
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		40000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e		Х	
${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g		Х	
h If this is an individual account plan, was there a blackout period? (10h		Х	
2520.101-3.)	•••••					
 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	ne required no	otice or one of the	10i			
i If 10h was answered "Yes," check the box if you either provided th	ne required no	otice or one of the	10i			
If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required no 1-3 ents? (If "Yes	otice or one of the	plete			3 (Form
 i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	ne required no 1-3 ents? (If "Yes	otice or one of the	plete			3 (Form
 If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ne required no 1-3 ents? (If "Yes om Schedule	otice or one of the s," see instructions and com SB (Form 5500) line 39	plete		11a	Yes No
 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year free 	ents? (If "Yes om Schedule requirements	s," see instructions and com SB (Form 5500) line 39 S of section 412 of the Code	plete		11a	Yes No
 i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements500) and line 11a below)	ents? (If "Yes om Schedule requirements as applicable	s," see instructions and com SB (Form 5500) line 39 of section 412 of the Code e.) in this plan year, see instruct	plete or se	ction 3	11a 302 of	ERISA? Yes No
 i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein 	ents? (If "Yes om Schedule requirements as applicable ng amortized	otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruc 	or se	ction 3	11a 302 of	ERISA? Yes No

C	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?	Ye	es 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 brought under the c of the PBGC?	ontrol		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) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Emplo	yee	OMB Nos, 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	This form is required to be f	led under sections 104 a	nd 4065 of the Employ	ee	2013
Employee 8	opartment of Labor Senellis Security Administration	Retirement Income Security Act	of 1974 (ERISA), and see nal Revenue Code (the C	ctions 6057(b) and 605	8(a) of	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in acce	ordance with the instruc	tions to the Form 550	00-SF.	
For calence	Annual Report Id lar plan year 2013 or fisca	entification Information	01/01/2013	and ending	-	12/31/2013
		X a single-employer plan		an (not multiemployer)		a one-participant plan
	tum/report is:	the first return/report	the final return/report	· · · · · · · · · · · · · · · · · · ·		
		an amended return/report	a short plan year return	t/report (less than 12 m	ionths))
C Check	box if filing under:	K Form 5558	automatic extension			DFVC program
		special extension (enter descrip	tion)			
Part II	Basic Plan Inform	nation-enter all requested Infor	mation			
1a Name RIVER	ofplan RIDGE HARDWARE	401(K) FLAN			16	plan number
					10	(PN) Effective date of plan
						01/01/2002
	ponsor's name and addre RIDGE HARDWARE	ess; include room or sulte number	(employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1317202
2803 W	EST GARLAND AVE	NUE			2c	Sponsor's telephone number 509-328-0915
SPOKAN	E	WA 99205			2d	Business code (see instructions)
3a Plania	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's EIN
RIVER	RIDGE HARDWARE				30	91-1317202 Administrator's telephone number
2803 W	EST GARLAND AVE	NUE				509-328-0915
SPOKAN	E	WA 99205				
name	, EIN, and the plan numb	an sponsor has changed since the er from the last return/report.	e last return/report filed fo	r this plan, onter the	4b	
	or's name	the beginning of the plan year			4c	
		the end of the plan year			vu	18
		count balances as of the end of the			<u>5b</u>	17
comp	lete this item)					,1, 1,
b Are yo under If you	Du claiming a waiver of th 29 CFR 2520.104-46? (ג answered "No" to eithe	uring the plan year Invested In elig e annual examination and report o See Instructions on waiver eligibility er line 6a or line 6b, the plan car lan, is it covered under the PBGC	f an independent qualifie y and conditions.) inot use Form 5500-SF :	d public accountant (IC and must instead use	PA) Form	
Caution: A	penalty for the late or i	incomplete filing of this return/r	eport will be assessed a	iniese reasonable car		ostabilishod
Under pen: SB or Sche	alties of perjury and other	penalties set forth in the instructio	ns. I declare that I have r	xamined this return/ret	nort in	cluding. If applicable, a Schedule
SIGN	Xant	auer.		BRIAN POIRIER		
HERE	Signature of plan adm	inistrator	Date 9/2 2/14	Enter name of Individ	ual sid	ning as plan administrator
SIGN						
JODI CA Randali		e, if applicable) and address; inclu	Date de room or sulte number	Enter name of individ (optional)		ning as employer or plan sponsor arer's telephone number (optional) 509-838-5500
Spokane		WA 99201 nd OMB Control Numbers, see the in	etroctione tos Come aros o	<u> </u>		
		in some some of redifibers, sen the m	according for Form \$500-2	Γ.		Form 5500-SF (2013)

Form 5500-SF 2013

Page 2

1	Plan Assets and Liabilities	1.1	(a) Beginning of Ye	ar			(b) End e	of Year	
a	Total plan assets	7a		484	09		<u>\</u>		46125
	Total plan llabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	3	484	09				46125
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
	Contributions received or receivable from:								
(1) Employers	8a(1)		1,02:		Sector 1			
	2) Participants	<u>8a(2)</u>		192		<u></u>			
	3) Others (including rollovers)	8a(3)		48	1.1		<u></u>		
	Other Income (loss)	8b		784	99	Alah Bah	an an an Anna an Anna An Anna an Anna Anna	i Sinta y	
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11284
1	Benefits paid (including direct rollovers and insurance premlums o provide benefits)	8d				n y Norde y and a second second			
	Certain deemed and/or corrective distributions (see instructions)	8e			1	ل بر از ماه ورا در معادمات معامل	1990) - 1990 - 1990 - 1990		n a la caracteria. A caracteria
	Administrative service providers (salaries, fees, commissions)	8f							
g (Other expenses	8g	· · · · · · · · · · · · · · · · · · ·		·	 			la triji
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h	el provide de la composición de la comp		· · ·				
	Net Income (loss) (subtract line 8h from line 8c)	81		an an an Ann an an	4.114,				11284
_	Fransfers to (from) the plan (see instructions)	8j			÷		Kelon,		$\{[0, 1, 0]\}$
	V Compliance Questions		es from the List of Plan Chara		•				
	V Compliance Questions During the plan year:							mount	
)	During the plan year: Was there a failure to transmit to the plan any participant contribut	lons within	the time period described in		Yes	No X		mount	
) a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ciary Com ? (Do not i	the time period described in ection Program)	10a 10b		No		mount	
) a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corn ? (Do not i	the time period described in ection Program) nclude transactions reported	10a 10b		No X		Amount	
) a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? 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 f	ciary Corn ? (Do not i ? Idelity bor	n the time period described in ection Program) include transactions reported	10a 10b 10c	Yes	No X		Amount	• • • • •
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