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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) 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) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit RIVER RIDGE HARDWARE LLC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number RIVER RIDGE HARDWARE (EIN) 45-4197208 Sponsor's telephone number 509-328-0915 2803 WEST GARLAND AVENUE SPOKANE, WA 99205 Business code (see instructions) 444130 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 91-1317202 RIVER RIDGE HARDWARE 2803 WEST GARLAND AVENUE SPOKANE. WA 99205 **3c** Administrator's telephone number 509-328-0915 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 91-1317202 name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name RIVER RIDGE HARDWARE 001 Total number of participants at the beginning of the plan year 5a 21 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 8 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 17 d(2) Total number of active participants at the end of the plan year..... 5d(2) 10 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less 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 10/06/2015 **BRIAN POIRIER SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

JODI CALHOUN

RANDALL & HURLEY, INC.

SPOKANE, WA 99201

601 W. RIVERSIDE AVE., SUITE 1600

509-838-5500

	Form 5500-SF 2014		Page 2				
b .	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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information	I			1		
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	4612	257			408952
	Total plan liabilities	7b	1016				400050
	Net plan assets (subtract line 7b from line 7a)	7c	4612	257			408952
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	72	228			
	2) Participants	8a(2)	139	921			
	3) Others (including rollovers)	8a(3)	16	S21			
-	Other income (loss)	8b	289	953			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					51723
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	1039	928			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	1	00			
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					104028
	Net income (loss) (subtract line 8h from line 8c)	8i					-52305
_ J	Fransfers to (from) the plan (see instructions)	8j					
b Part	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		55000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Χ	
h	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)					X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
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 from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		Identification Information			10/22/	0.0 1.4				
For calenda	ar plan year 2014 or fisc	proj	01/01/2014	and ending	12/31/					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact of participating employer information in accordance with the form instructions)										
3		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)									
C Check t	box if filing under:	☐ Form 5558	automatic extension		☐ DFVC p	rogram				
special extension (enter description)										
Part II	Basic Plan Infor	rmation—enter all requested inform	nation							
1a Name RIVER R	스타스(III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	LLC 401(K) PLAN			1b Three-digit plan number (PN) ▶	1				
	1				1c Effective date of plan 01/01/2002					
	ponsor's name and add RIDGE HARDWARE	dress; include room or suite number (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 45-4197208					
2803 WE	EST GARLAND AV	ENUE			2c Sponsor's telephone number 509-328-0915					
SPOKANE	E	WA 99205			2d Business code (see instructions) 444130					
		d address Same as Plan Sponsor.			3b Administrator's EIN					
	RIDGE HARDWARE	1 —1			91-1317202					
2803 WEST GARLAND AVENUE					3c Administrat	tor's telephone number -0915				
SPOKANE WA 99205										
name,	, EIN, and the plan num	plan sponsor has changed since the ober from the last return/report,		or this plan, enter the	4b EIN 91-1317202					
	or's name	River Ridge			4c PN 001	21				
		at the beginning of the plan year				21				
	95	at the end of the plan year			5b	14				
comple	ete this item)	account balances as of the end of the			5c	8				
d(1) Tota	al number of active part	ticipants at the beginning of the plan	year	.******	5d(1)	17				
d(2) Tota	al number of active part	ticipants at the end of the plan year	**************	***************************************	5d(2)	10				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
Caution: A	nenalty for the late o	or incomplete filling of this return/re	eport will be assessed a	unless reasonable cau	ise is established	d.				
Under pena SB or Sche	alties of perjury and other	ner penalties set forth in the instruction of signed by an enrolled actuary, as w	ns. I declare that I have	examined this return/rep	port, including, if a	pplicable, a Schedule				
pelier, it is t	rue, correct and comp	7/	10/01/15	BRIAN POIRIER						
SIGN	196 /-		1 1 1 1 1 1 1 1 1							
SIGN HERE	Simplify of plan ad	t auch	Date	Enter name of individu	ual signing as plat	administrator				
HERE	Signature of plan ad		Date	Enter name of individu	ual signing as plai	n administrator				
HERE		dministrator								
SIGN HERE	Signature of employ	dministrator	Date	Enter name of individu	ual signing as emp	ployer or plan sponsor				
SIGN HERE Preparer's	Signature of employ name (including firm na	dministrator	Date	Enter name of individu	ual signing as emp	ployer or plan sponsor hone number (optional)				
HERE SIGN HERE Preparer's I JODI CF	Signature of employ name (including firm na ALHOUN	dministrator yer/plan sponsor ame, if applicable) and address (inclu	Date	Enter name of individu	ual signing as emp	ployer or plan sponsor				
SIGN HERE Preparer's JODI CA Randall	Signature of employ name (including firm na	dministrator yer/plan sponsor ame, if applicable) and address (inclu	Date	Enter name of individu	ual signing as emp	ployer or plan sponsor hone number (optional)				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					PA) X Yes No				
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine								mined	
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year		
а	Total plan assets	7a	46	5125	57		-1234	4	08952	
b	Total plan liabilities	7b	-1.2345678901.23	15			1234	567890	12345	
С	Net plan assets (subtract line 7b from line 7a)	7c	4 6	5125	57	40895				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)	-1234867890123	722	28					
	(2) Participants	8a(2)	-1234567890123	L392						
	(3) Others (including rollovers)	8a(3)	-1.2345678901.23	162						
	Other income (loss)	8b	2	2895	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							51723	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	392	8					
	Certain deemed and/or corrective distributions (see instructions)	8e	-12345678901234	15						
f	Administrative service providers (salaries, fees, commissions)	8f	-1234567890123	100						
g	Other expenses	her expenses8g								
h	otal expenses (add lines 8d, 8e, 8f, and 8g)						-1234	1	.04028	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	8i				-1234	567890 -	52305	
j	ransfers to (from) the plan (see instructions)									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part V Compliance Questions										
10										
a		tions withir	the time period described in		. 00			Amount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		X	-1234	567890	12345	
	on line 10a.)	·····	······································	10b		Х	-1234	567890	12345	
С	Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?					-1234	567890	55000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х	-1234	567890	12345	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		Х	-1234	567890	12345	
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х	-1234	567890	12345	
g	Did the plan have any participant loans? (If "Yes," enter amount as	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х	-1234	567890	12345	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g 10h		Х				
i	f 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			10i						
Part										
11										
11a	Enter the unpaid minimum required contribution for current year from					11a			<u></u>	
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No	

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

Day

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.