## 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

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I		rt Identification Information								
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/20	016	and ending 12	2/31/2016					
A This re	turn/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box n list of participating employer information in accordance with the form in								
	·	a one-participant plan	a foreign plan			,				
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program	m				
Part II	Racio Blan Int	formation—enter all requested info	· /							
1a Name		iormation—enter all requested info	ormation		<b>1b</b> Three-digit	.				
		BUTING, INC. 401(K) PLAN			plan numb					
					(PN) <b>•</b>	001				
					1c Effective d	ate of plan 05/01/1972				
		oloyer, if for a single-employer plan)	. Box)			dentification Number 91-0847590				
	r town, state or provide HOLESALE DISTRIB	nce, country, and ZIP or foreign posta SUTING, INC	al code (if foreign, see instr	uctions)	<b>2c</b> Sponsor's	telephone number 9-535-1503				
						ode (see instructions)				
401 N. HELE	ENA ST					423700				
SPOKANE, \	WA 99202					423700				
3a Plana	administrator's namo	and address X Same as Plan Spon	cor		<b>3b</b> Administra	tor's EIN				
Ja Flali a	diffillistrator's flame	and address A Same as Flan Spon	501.		<b>JD</b> Administra	IOI 5 LIIV				
					<b>3c</b> Administra	tor's telephone number				
		the plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	<b>4b</b> EIN					
	•	number from the last return/report.			4c PN					
	sor's name	to at the benefit of the plant of			5a	29				
_	•	ts at the beginning of the plan year			5b	2:				
		ts at the end of the plan year		ŀ	30					
comp	lete this item)	h account balances as of the end of t			5c	1'				
d(1) Total number of active participants at the beginning of the plan year					5d(1)	2				
d(2) Total number of active participants at the end of the plan year					5d(2)	2				
than	100% vested	at terminated employment during the			5e					
		e or incomplete filing of this return								
SB or Sche		other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.								
SIGN		d/valid electronic signature.	04/25/2017	DOMONIQUE PERET	TI					
HERE						dual signing as plan administrator				

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

SIGN HERE

Enter name of individual signing as employer or plan sponsor

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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann									_
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Pa	rt III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		(	(b) End	of Year	
a	Total plan assets	7a		649043	3				781944	1
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		649043	3				781944	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
а	Contributions received or receivable from:	90/4)		21888						
	(1) Employers	8a(1)		63807						
	(2) Participants	8a(2)		00001						
	(3) Others (including rollovers)	8a(3)		47795						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			_				133490	)
	Benefits paid (including direct rollovers and insurance premiums	80							100100	
	to provide benefits)	8d		589						
е	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							589	9
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							132901	l
j	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 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	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)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-		10g	X					1646
h	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			10i						

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Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Yes No	
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?						f		Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver						of the lette	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			1			
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 lative amount)	eft of a		12d				
<u>e</u>	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	s X 1	Ю	
	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 rol of the PBGC?					X Yes	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
1	3c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(	<b>3)</b> PN(s)	
<b>-</b>									
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN		
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number				
Part	: IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:			ign-based "Prior year" AD harbor test				
	,			"Curre	rent year" N/A				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							verage enefit test	□ N/A	
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No		
	the le								
	letter		nter the	date	of the m	nost rec	ent determ	ination	
	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 sepace?		rom	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $1\!\!2$ during the prior plan year?			Ye	s	No		

## 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

2016

This Form is Open to **Public Inspection** 

Part I	Annual Repor		01/01/0016	4 11		
FOI Caleric	Jar pian year ∠υτο υ	fiscal plan year beginning	01/01/2016	and ending	12/31/2	
A This re	eturn/report is for:		ist of participating	r plan (not multiemployer) employer information in a	Filers checking this	s box must attach a
• • • • • • • • • • • • • • • • • • • •	turn open to ter	a one-participant plan	a foreign plan	omployor mornidaer	toolidanoo marato	iom manuchona.;
_			_			
<b>B</b> This ret	turn/report is	the first return/report an amended return/report	the final return/repo			
		eturn/report (less than 12 n	nonths)			
C Check	box if filing under:	Form 5558	automatic extensio	on	☐ DFVC program	
		special extension (enter de			<b>-</b>	
Part II	Basic Plan Inf	formation—enter all requested	information			
1a Name	e of plan				1b Three-digit	
Blacks	Wholesale Di	stributing, Inc. 401	(k) Plan		plan number	t
					(PN) 1C Effective dat	001
					05/01/1	•
2a Plans	sponsor's name (emp	loyer, if for a single-employer plan	1)	<del></del>		entification Number
		oom, apt., suite no. and street, or F nce, country, and ZIP or foreign po		notructions)	(EIN) 91-	
		stributing, Inc	stal code (il foreign, see ii	istructions)	2c Sponsor's te	
		,,			(509) 5	
						de (see instructions)
401 N.	Helena St				423700	
Spokane	<u>!</u>		V	VA 99202		
		<del></del>				
3a Plan a	administrator's name	and address 🛭 Same as Plan Sp	oonsor.		3b Administrato 3c Administrato	r's EIN r's telephone number
				d for this plan antar the	3c Administrato	
4 If the name	name and/or EIN of the EIN, and the plan nu	and address Same as Plan Sp he plan sponsor has changed sind umber from the last return/report.		d for this plan, enter the	3c Administrato 4b EIN	
4 If the iname a Spons	name and/or EIN of the e, EIN, and the plan no sor's name	he plan sponsor has changed sinc umber from the last return/report.	ce the last return/report file		3c Administrato 4b EIN 4c PN	r's telephone number
4 If the name a Spons 5a Total	name and/or EIN of the E. EIN, and the plan no sor's name number of participant	he plan sponsor has changed sind umber from the last return/report. Is at the beginning of the plan year	ce the last return/report file		3c Administrato 4b EIN 4c PN 5a	r's telephone number
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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC i								☐ Not determined
	rt III Financial Information	<u>·</u>							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	, I			(b) End	of Year
а	Total plan assets	. 7a	(4) 2099	649,				(D) Lilu	781,94
b	· · · · · · · · · · · · · · · · · · ·	. 7b			0.10				701,34
С	Net plan assets (subtract line 7b from line 7a)	7c		649,	043				781,94
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					/b) 7	Fotal
	Contributions received or receivable from: (1) Employers	8a(1)	(3)		888			(	
	(2) Participants	8a(2)		63,	807				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	. 8b		47,	795				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			133,490
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				- 00				<del></del>
	Certain deemed and/or corrective distributions (see instructions)	8d 8e	<del></del>		589				<del></del>
<del>_</del>	Administrative service providers (salaries, fees, commissions)	8f	<del></del>		-+				<del></del>
q	Other expenses						- 1		
	Total expenses (add lines 8d, 8e, 8f, and 8g)		<del>, , , , , , , , , , , , , , , , , , , </del>		-				
	Net income (loss) (subtract line 8h from line 8c)	8i			$\dashv$				589
<del>_</del> i	Transfers to (from) the plan (see instructions)				$\dashv$				132,901
Par		8j	·						····
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of P	lan Cha	racteri	istic C	odes ir	the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Pla	ın Char	acteris	tic Co	des in	the instru	uctions:
Par	V Compliance Questions								<del></del>
10	During the plan year:				Yes	No	N/A		Amount
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 Fid	uciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				200,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was caused	10d	43	Х			200,000
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.)	ner persons line or all of th	by an insurance e benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х				1,646
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			1,010
i	If 10h was answered "Yes," check the box if you either provided the	ne required r	notice or one of the			-			

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	Form 5500-SF 2016 Page <b>3</b> -							
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	omplet	te Sch	edule S	В		Yes [	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				_
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?	de or :	section		F	Гп	Yes 🛛	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					<u> </u>		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.	onth_	ns, and	enter t Day		of the let Year	•	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						_
<u> </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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ft of a		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	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		_		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?						X Yes	No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the p	olan(s)	to	-			
1	3c(1) Name of plan(s)	1	3c(2)	EIN(s)		13c	(3) PN(s)	_
<u></u>								
Part								
14a I	Name of trust			14b ⊺	rust's E	EIN		
14c Name of trustee or custodian						s or custo ne numbe		
Part	IX IRS Compliance Questions		L					_
15a	s the plan a 401(k) plan? If "No," skip b		Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 101(k)(3) for the plan year? Check all that apply:	U	safe ha	nt year"	L	"Prior y test	/ear" ADP	-
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percer test	ntage		verage enefit test	N/A	<b>,</b>
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		[	No		_

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

☐ No

☐ No

Yes

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

and the serial number

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....

18 Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

letter