Form 5500-SF Short Form Annual Return/Report of Small Em				•	OMB Nos. 1210-011 1210-008					
	rtment of the Treasury nal Revenue Service	This form is required to be file			etirement		2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the	the Internal This Form is Ope Public Inspectio					
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	500-SF.					
For calend	ar plan year 2016 or fisca	Ientification Information al plan year beginning 01/01/2	017	and ending 08	3/31/2017					
	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in ac		-				
B This ret	urn/report is	the first return/report an amended return/report	$\stackrel{\scriptstyle imes}{\scriptstyle imes}$ the final return/report $\stackrel{\scriptstyle imes}{\scriptstyle imes}$ a short plan year ret	t urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	1	DFVC p	rogram				
Part II	Basic Plan Inform	nation —enter all requested inf	. ,							
1a Name		•			(PN)	number				
Mailing City or	g address (include room, town, state or province,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)	45-41	cation Number 97208			
RIVER RIDG	RIVER RIDGE HARDWARE				2c Sponsor's telephone number 509-328-0915					
2803 WEST SPOKANE, \	GARLAND AVENUE NA 99205				2d Busir	ness code (s 44413	see instructions) 30			
		address 🛛 Same as Plan Spor				nistrator's E nistrator's te	elephone number			
		plan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Total	number of participants at	t the beginning of the plan year			5a		16			
		t the end of the plan year count balances as of the end of t			5b		C			
	,				5c 5d(1)		16			
• • •		cipants at the beginning of the plan	,		5d(1) 5d(2)		C			
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	5e		C			
Caution: A	A penalty for the late or	incomplete filing of this return	n/report will be assesse	ed unless reasonable cau						
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va	lid electronic signature.	09/28/2017	BRIAN PIORIER						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator			
SIGN HERE										
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (in	Date Clude room or suite num	Enter name of individ		as employe s telephone				
		see the Instructions for Form 5500				_	orm 5500-SE (2016)			

	Were all of the plan's assets during the plan year invested in eligib		· · · · · · · · · · · · · · · · · · ·	
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility			
	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	rogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	299804	0
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	299804	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	a (1)	594	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	3022	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	21518	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		25134
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	324613	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	325	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		324938
i	Net income (loss) (subtract line 8h from line 8c)	8i		-299804
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2F 2G 3D	feature co	des from the List of Plan Characteristi	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteristic	Codes in the instructions:

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			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		
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		
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 as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 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	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					· [] ا	Yes 🗌 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						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi	tructior	ns, and	l enter t	he date	of the lette	er ruling	
	<u> </u>	ting the waiver			_ Day	/	Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount)			12d				
е	Will	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 resolution to terminate the plan been adopted in any plan year?				X Ye	s 🗌 N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?							X Yes	es 🗌 No	
C		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.)	fy the p	olan(s)	to				
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's I	EIN		
14c	Name	e of trustee or custodian			14d 1	Frustee	's or custod	lian's	
					1	telepho	ne number		
1									
Par	t 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:		Desig safe h	n-basec arbor	ł	Prior ye test	ear" ADP	
				"Curre ADP t	ent year est	33	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	N/A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-						
	letter		nter the	e date	of the m	nost rec	ent determi	ination	
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 ce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No		

5a Total number of participants at the beginning of the plan year 5b 5b 5c c Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c c(1) Total number of active participants at the beginning of the plan year 5d(1) 1 d(2) Total number of active participants at the end of the plan year 5d(2) c Number of active participants at the end of the plan year 5d(2)	Form 5500-SF Short Form Annual Return/Report of Small Em				of Small Emplo	OMB Nos. 1210-011 1210-008			
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A This return/report is for:	Part I	Annual Report I	dentification Information	01/01/2017	and ending	08/3	31/2017		
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2803 West Garland Avenue 444130 Spokane WA 99205 3a Plan administrator's name and address Seme as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Seme as Plan Sponsor. 3c Administrator's EIN 3c Administrator's name and with plan number from the last return/report field for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report field for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year 5a 1 5a Total number of participants at the end of the plan year 5b 5c complete this liem 5c 5c 5c complete this liem 5d(1) 1 d(2) Total number of active participants at the end of the plan year 5d(2) caution: A panalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is estabilished. 5e Caution: A panalty for the late or incomplete filling of this return/report will be assessed unless return/report, enditing, if applicable, a Schedule as Signature of plan administrator 5r Signature of plan administrator Data Enter name of individual signing as plan administrator signature of plan administrator Data Enter name of indiv	KIVEL K	luge natuwale			-				
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator		
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's name (including firm name, if applicable) and address (include room or suite number)					E to a second to divid		an amployer or plan sponsor		
Form 5500.SF /2016		Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address (Preparer	's telephone number		
Form Shilling 12010							Earm 5500-SE /20181		

|--|

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🗙 Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗌 No	Not determined

Part III Financial Information (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 0 299,804 7a a Total plan assets 7b b Total plan liabilities 299,804 0 7c C Net plan assets (subtract line 7b from line 7a) (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount 8 a Contributions received or receivable from: 594 8a(1) (1) Employers 3,022 8a(2) (2) Participants..... (3) Others (including rollovers)..... 8a(3) 21,518 b Other income (loss) 8b 25,134 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 324,613 8d to provide benefits)..... 8e e Certain deemed and/or corrective distributions (see instructions). 325 f Administrative service providers (salaries, fees, commissions) 8f 8g g Other expenses 324,938 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h -299,804 Net income (loss) (subtract line 8h from line 8c) 8i î. Transfers to (from) the plan (see instructions)..... j. **8**j

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: 2E 2J 2K 2F 2G 3D

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	During the plan year:		Yes	No	N/A	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)	10a		х		Ĭ.
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	X			55,000
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		
e	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		
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 as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 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	101				

Form 5500-SF 2016

Page	3-	

Part	VI	Pension Funding Compliance							
11		ils a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) end line 11a below)] Yes	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the (SA?					_] Yes	X No
	(11 *	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in nting the waiver.	Month	ns, and	i enter t Day		of the le Yea		uling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Enter	r 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the alive amount)			12ď				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	U 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?				X Ye	s []	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?						X Yes	Π	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ch assets or liabilities were transferred. (See instructions.)	tify the p	olan(s) lo				
	13c(1) Name of plan(s): 13c				EIN(s)		13	c(3) F	N(s)
Part	VIII	Trust Information					-		
		e of trust			14b ⁻	Trust's I	EIN		
144	- NGITT								
14c	Nam	e of trustee or custodian					s or cus ne numb		's
Par	t IX	IRS Compliance Questions							
15a	ls the	e plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section			n-based	l I		r year	ADP
150	401(k	()(3) for the plan year? Check all that apply:			tarbor ent year leat	"[I test		
16a	Wha	t testing method was used to satisfy the coverage requirements under section 410(b) for the plan	_	Ratio					
100	year	? Check all that apply:			entage		verage enefit te:	st	N/A
	for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No No		
	the l								
and a	lette		enter the	e date	of the m	nost rec	ent dete	mina	lion
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: a any distributions made during the plan year to an employee who attained age 62 and had not se ce?		from	[] Ye	s [] No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			🗌 Ye	s [No		