Foi	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and		etirement	2017		
Employee B	epartment of Labor Benefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 5	500-SF.			
For calend		dentification Information cal plan year beginning 01/01/2		and ending 1	2/31/2017			
		x a single-employer plan				ing this box must attach a		
A This re	turn/report is for:	a one-participant plan	list of participating e	employer information in ac	cordance w	ith the form instructions.)		
B This ret	urn/report is	the first return/report	the final return/report	t				
		an amended return/report		urn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension	I	DFVC p	rogram		
		special extension (enter desci				0		
Part II	Basic Plan Infor	mation—enter all requested in	formation					
1a Name	of plan				1b Three			
BLACKS WI	HOLESALE DISTRIBUT	TING, INC. 401(K) PLAN			pian (PN)	number 001		
					()	tive date of plan 05/01/1972		
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)		2b Empl (EIN)	oyer Identification Number		
-	r town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Sponsor's telephone number 509-535-1503			
					2d Busir	ness code (see instructions)		
401 N. HELE SPOKANE, V						423700		
3a Plan a	administrator's name and	d address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		plan sponsor or the plan name ha			4b EIN			
•	lan, enter the plan spon sor's name	isor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN			
C Plan N								
5a Total	number of participants a	at the beginning of the plan year			5a	25		
		at the end of the plan year			5b	26		
		account balances as of the end of			5c	19		
		ticipants at the beginning of the pl			5d(1)	22		
• •		ticipants at the end of the plan year			5d(2)	23		
than	100% vested	terminated employment during the			5e			
Caution: A	A penalty for the late o	or incomplete filing of this return or penalties set forth in the instruc-	n/report will be assesse	d unless reasonable ca				
SB or Sche		d signed by an enrolled actuary, a						
SIGN	Filed with authorized/	valid electronic signature.	05/18/2018	ROLLAND JOHNSON				
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing a	as plan administrator		
SIGN HERE	ļ							
	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	Date D-SF	Enter name of individ	ual signing a	as employer or plan sponsor Form 5500-SF (2017)		
i oi rapei w	TOTA NEGLICION ACT NOLICE	5, 500 the man doubles for Form 5500				v.170203		

6a Were all of the plan's assets during the plan year invested in eligi					X Yes 🗌 No	
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes 🗌 No	
If you answered "No" to either line 6a or line 6b, the plan can						
C If the plan is a defined benefit plan, is it covered under the PBGC i						
If "Yes" is checked, enter the My PAA confirmation number from t	he PBGC pre	mium filing for this plan yea	ar			
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year	
a Total plan assets	7a	781944			1047636	
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	781944			1047636	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
a Contributions received or receivable from:	0=(4)	25070				
(1) Employers		25079 61957				
(2) Participants		01957	-			
(3) Others (including rollovers) b Other income (loss)		179238				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					266274	
d Benefits paid (including direct rollovers and insurance premiums						
to provide benefits)	. 8d	582				
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)					582	
Net income (loss) (subtract line 8h from line 8c)	1 1				265692	
J Transfers to (from) the plan (see instructions)	. 8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n teature code	es from the List of Plan Cha	aracteri	stic Co	odes in the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Plan Cha	acteris	tic Cod	les in the instructions:	
Part V Compliance Questions						
10 During the plan year:			Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contrib	utions within	the time period	1			

10	During the plan year.		100	10	Alloulit
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		X	
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	Х		200000
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		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 as of year-end.)	10g	X		7280
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			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

For	oyee	O	MB Nos. 1210-0110 1210-0089					
	ntment of the Treasury mal Revenue Service	This form is required to be filed unde	Senefit Plan r sections 104 and 4	065 of the Employee Re	etirement		2017	
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ERIS/	A), and sections 605 nue Code (the Code		Internal	This Form is Open to		
	enefit Guaranty Corporation				00 CE		c Inspection	
Part I	Annual Report I	Complete all entries in accord dentification Information	ance with the instr	uctions to the Form 55	W-3F.		·	
<u> </u>	lar plan year 2017 or fise		/01/2017	and ending	12/	/31/201	7	
A This re	turn/report is for:	⊠ a single-employer plan ☐ a r lis	multiple-employer pla st of participating em	an (not multiemployer) (F ployer information in ac	Filers check	king this box	must attach a	
		a one-participant plan a	foreign plan					
	urn/report is	the first return/report the	e final return/report					
		an amended return/report	short plan year returr	r/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	utomatic extension]		rogram		
		special extension (enter description)						
Part II	Basic Plan Infor	mation—enter all requested informati	on				•	
1a Name		•••••	· <u></u> ·· ·		1b Three	e-digit		
Blacks	Wholesale Dis	tributing, Inc. 401(k) H	Plan		plan	number	0.01	
			(PN)	tive date of	001			
						01/1972	•	
		er, if for a single-employer plan)			•		ication Number	
		apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	e (if foreign, see instr	uctions)		91-0847		
		tributing, Inc			2c Sponsor's telephone number (509) 535–1503			
				ŀ			see instructions)	
401 N.	Helena St						,	
Spokan			WA	99202		700		
3a Plan a	idministrator's name and	l address 🛛 Same as Plan Sponsor.			3b Admi	nistrator's E	IN	
					3c Admi	nistrator's te	elephone number	
		plan sponsor or the plan name has char			4b EIN			
	lan, enter the plan spon sor's name	sor's name, EIN, the plan name and the	plan number from th	e last return/report.	4d PN			
C Plan N								
5a Totai	number of participants a	at the beginning of the plan year			5a		25	
b Totai	number of participants a	at the end of the plan year			5b		26	
C Numb	per of participants with a	ccount balances as of the end of the pla	n year (only defined	contribution plans	5c		19	
d(1) ⊤ot	al number of active part	icipants at the beginning of the plan yea	г		5d(1)		22	
d(2) Total number of active participants at the end of the plan year							23	
e Numl	ber of participants who t	erminated employment during the plan y	ear with accrued be	nefits that were less	5e		•	
Caution: A	A penalty for the late o	r incomplete filing of this return/report	rt will be assessed	unless reasonable cau	ise is estal	blished.		
SB or Sche	alties of perjury and oth edule MB completed and true, co r rect, and compl	er penalties set forth in the instructions, d signed by an enrolled actuary, as well eta	I declare that I have as the electronic ver	examined this return/rep sion of this return/report	port, includi , and to the	ng, if applic best of my	able, a Schedule knowledge and	
SIGN		ling	5/18/18	Rolland Johnso	n			
HERE	Signature of plan ad	······	Date	Enter name of individu	al signing :	as plan adm	inistrator	
SIGN			2410		a orgining i			
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing :			
L					a aynig	as ompioye	or plan sponsor	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF 2017

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	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.)	🗙 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.	
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
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

Par	rt III	Financial Information						
7	Plan /	Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
а	Total	plan assets	7a		781,	944		1,047,636
b	Total	plan liabilities	7b					
<u> </u>	Net p	lan assets (subtract line 7b from line 7a)	7c		781,	944		1,047,636
8	Incom	ne, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b) Total
		ibutions received or receivable from: mployers	8a(1)		25,0	079		
	(2) P	Participants	8a(2)		61,	957		
	(3) 0	thers (including rollovers).	8a(3)					
b	Other	income (loss)	8b		179,2	238		
С	Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					266,274
		fits paid (including direct rollovers and insurance premiums wide benefits)	8d			582		·····
	Certa	in deemed and/or corrective distributions (see instructions)	8e					
f	Admi	nistrative service providers (salaries, fees, commissions)	8f					
g	Other	expenses	8g					and the state of the day of the state of the
<u>h</u>	Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h					582
		ncome (loss) (subtract line 8h from line 8c)	8i					265,692
j	Trans	fers to (from) the plan (see instructions)	8j					
Par	t IV	Plan Characteristics						
9a	If the 2	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 Code	s in the instructions:
b	If the	plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara		tic Codes	in the instructions:
Par	t V	Compliance Questions						
10	Duri	ng the plan year:				Yes	No	Amount
а	des	s there a failure to transmit to the plan any participant contribu scribed in 29 CFR 2510.3-102? (See instructions and DOL's \ ogram)	/oluntary F	iduciary Correction	10a		x	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						х	
С	Wa	s the plan covered by a fidelity bond?			10c	x		200,000
d		the plan have a loss, whether or not reimbursed by the plan's raud or dishonesty?			10d		x	
e	carri	e any fees or commissions paid to any brokers, agents, or oth ier, insurance service, or other organization that provides son plan? (See instructions.)	ne or all of	the benefits under	10e		x	
		· · · · · · · · · · · · · · · · · · ·					- <u></u>	

	the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		7,280
ł	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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				

Form 5500-SF 2017

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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)									
<u>11a</u>	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 Code or section ERISA?	ז 302 o	f	Ye:	s 🛛 No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	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 granting the waiver								
lf y	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							
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							
e	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	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 control of the PBGC?		[Yes 🛛	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) F	PN(s)				