Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RIO GRANDE CO. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1959

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

RIO GRANDE CO.

201 SANTA FE DRIVE
DENVER, CO 80223

2b Employer Identification Number (EIN)
84-0303990

2c Plan Sponsor's telephone number
303-825-2211

2d Business code (see instructions)
423300

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	A1931510
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	270
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	238
a(2) Total number of active participants at the end of the plan year	**6a(2)**	255
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	36
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	291
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	293
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RIO GRANDE CO. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIO GRANDE CO.

D Employer Identification Number (EIN)
84-0303990

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

44-6006315

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COLUMBIA

93-0577450

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EAGLE FUNDS

59-2385219

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARTFORD MUTUAL FUNDS

13-3317783

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METROPOLITAN WEST FUNDS

95-4597302

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STERLING CAPITAL FUNDS

04-3331055

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

52-2264646

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 62 64	SERVICE PROVIDER	75326	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RIO GRANDE CO. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RIO GRANDE CO.

D Employer Identification Number (EIN)
84-0303990

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6933767-001	C	2513640

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INTL EQ INDEX CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265229-001	C	450089

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MIDCAP INDEX CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265235-001	C	346841

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3224211-001	C	2737075

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RIO GRANDE CO. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIO GRANDE CO.

D Employer Identification Number (EIN)
84-0303990

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	861254	1001262
(2) Participant contributions	1b(2)	60	766
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4914146	6047645
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10703871	13306041
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16479331	20355714
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16479331	20355714

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1001262	
	(B) Participants	2a(1)(B)	665594	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1666856
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	143844	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		143844
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		633921
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2015363
c Other income	2c		2216
d Total income. Add all **income** amounts in column (b) and enter total	2d		4462200
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	503597	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		503597
f Corrective distributions (see instructions)	2f		6893
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	75327	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		75327
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		585817
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3876383
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARTIN VEJVODA & ASSOCIATES, INC. **(2)** EIN: 84-1038838

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		826
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RIO GRANDE CO. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIO GRANDE CO.

D Employer Identification Number (EIN)
84-0303990

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RIO GRANDE CO.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2017

CONTENTS

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Plan Benefits

Statements of Changes in Net Assets Available for Plan Benefits

Notes to Financial Statements

Supplementary Information

Schedule of Assets Held for Investment Purposes

Schedule of Delinquent Participant Contributions

MARTIN, VEJVODA AND ASSOCIATES
INCORPORATED
Certified Public Accountants
3443 SOUTH GALENA STREET • SUITE 200
DENVER, COLORADO 80231

(303) 338-9277 FAX: (303) 338-9281

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Rio Grande Co. Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Rio Grande Co. Profit Sharing Plan, which comprise the Net Assets Available for Plan Benefits as of December 31, 2017 and 2016, and the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Wells Fargo Bank, the Trustee of the Plan, except for comparing the information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significant of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The attached supplemental schedules, Schedule of Assets Held for Investment Purposes and Schedule of Delinquent Participant Contributions, as of and for the year ended December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not required parts of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Martin Vefenka and Associates

October 3, 2018
Denver, Colorado

RIO GRANDE CO.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2017 AND 2016

ASSETS

	2017	2016
RECEIVABLES		
Participants	$ 766	$ 60
Employer	1,001,262	861,254
Total Receivables	1,002,028	861,314
INVESTMENTS - At Fair Value		
Common and Collective Funds	6,047,645	4,914,146
Mutual Funds	13,306,041	10,703,871
Total Investments, at Fair Value	19,353,686	15,618,017
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 20,355,714	$ 16,479,331

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment Income		
Net Appreciation in Fair Value of Common and Collective Trusts	$ 633,921	$ 224,386
Net Appreciation in Fair Value of Mutual Funds	2,015,363	870,181
Dividends	143,844	116,424
Other Income	2,215	19
Total Investment Income	2,795,343	1,211,010
Contributions:		
Employer	1,001,262	1,051,060
Participants	665,594	543,003
Rollovers	-	80,730
Total Contributions	1,666,856	1,674,793
Transfer of Assets	-	2,222,711
Total Additions to Net Assets	4,462,199	5,108,514
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Administrative Fees	75,326	43,214
Benefits Paid to Participants	510,489	919,858
Total Deductions from Net Assets	585,815	963,072
Net Increase in Net Assets	3,876,384	4,145,442
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR	16,479,331	12,333,889
END OF YEAR	$ 20,355,715	$ 16,479,331

See accompanying notes to financial statements.

1 Description of Plan

The following description of the Rio Grande Co. (Company) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General. The Plan is a defined contribution plan covering all full-time employees of the Company who have three months of service and are eighteen years of age, except those employees covered under a collective-bargaining agreement. During the year ended December 31, 2016, U.S. Mix Profit-Sharing Plan merged into the Plan. Employees of the U.S. Mix Division are currently covered under the Plan. The Plan is subject to the provisions of ERISA. The Plan is a qualified trust under Internal Revenue Service (IRS) Code Section 401(a).

B. Contributions. Each year, participants may contribute up to 100% of eligible wages, as defined in the Plan, up to certain statutory limits. Participants may direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. After one year of service, the Company may elect to match 50¢ for each dollar contributed, up to the first 6% of compensation that a participant contributes to the Plan. Additionally, after one year of service, the Company has the option of contributing profit-sharing contributions up to 15% of the employee's compensation. Employer contributions are allocated to the same investments chosen by the participants. Participants must be employed at the Company on the last day of the Plan year to receive either matching or profit-sharing contributions.

C. Participant Accounts. Each participant's account is credited with an allocation of: a) the Company's contribution; b) Plan earnings; and c) forfeitures of terminated participant's non-vested accounts, and the employee's 401(k) contributions. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

D. Vesting. Vesting is based on the number of years of continuous service with at least 1,000 hours of service per Plan year. A participant is 100% vested after six years of credited service.

E. Payment of Benefits. On termination of service, a participant may elect to receive either: a) a lump sum; or, b) rollover. Participants may also receive in-service benefits upon regular retirement age, or if they meet certain hardship criteria.

F. Participant Notes Receivable. The Plan does not allow loans.

G. Forfeitures. Forfeitures of terminated participants' non-vested accounts may be used to play plan expenses or reallocated to accounts of remaining participants as additional employer profit-sharing contributions.

1 Description of Plan (Continued)

G. Forfeitures. (Continued) As of December 31, 2017 and 2016, forfeited non-vested accounts totaled $19,295 and $24,367, respectively, which have been allocated in accordance with Plan provisions. Accounts forfeited during the years ended December 31, 2017 and 2016 were $14,975 and $16,589, respectively.

2 Summary of Significant Accounting Policies

A. Basis of Accounting. The financial statements of the Plan are prepared under the accrual method of accounting.

B. Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Investment Valuation and Income Recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

D. Payment of Benefits. Benefits are recorded when paid.

E. Operating Expenses. All expenses of maintaining the Plan are paid by the Company. Other investment related expenses are included in net increase in fair value of investments.

3 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. The Plan is not covered under the Pension Benefit Guarantee Corporation (PBGC) termination insurance program.

4 Investments

The Plan's investments are managed and held by Wells Fargo Bank. Investments are stated at fair value and quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

5 Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the IRS Code and, accordingly, the trust's net investment income is exempt from income taxes.

5 Tax Status (Continued)

The Plan has obtained a favorable tax determination letter from the IRS; and, although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is currently being operated in compliance with the applicable requirements of the IRS. The Plan's investments are managed and held by Wells Fargo Bank.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

6 Risks and Uncertainties.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits.

7 Information Prepared and Certified by the Trustee (Unaudited)

At December 31, 2017 and 2016, the Plan's Investments were held by Wells Fargo Institutional Retirement and Trust (Trustee). The financial information that is included in the financial statements is based on information certified by the Trustee as complete and accurate in accordance with Section 2025.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The following information included in the accompanying financial statements and supplemental schedules was taken from data that has been prepared and certified to as complete and accurate by the Trustee.

	2017	2016
Common and Collective Funds, at Fair Value	$ 6,047,645	$ 4,914,146
Mutual Funds, at Fair Value	$ 13,306,041	$ 10,703,871
Investment Income	$ 2,795,343	$ 1,211,010

8 Fair Value Measurements

FASB ASC 820-10-50, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

8 Fair Value Measurements (Continued)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 Measurements) and the lowest priority to unobservable inputs (Level 3 Measurements). The three levels of the fair value hierarchy under FASB ASC 820-10-50 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include -
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the assets or liability has specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Company had no Level 3 assets for the years ended December 31, 2017 and 2016.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily Net Asset Value (NAV), and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Collective Funds: The common and collective funds are valued at the net asset value of the funds' investments in other collective funds. There are no participant redemption restrictions for these investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments would result in a different fair value measurement at the reporting date.

8 Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Common and Collective Funds	$ -	$ 6,047,645	$ -	$ 6,047,645
Mutual Funds	13,306,041	-	-	13,306,041
	$ 13,306,041	$ 6,047,645	$ -	$ 19,353,686

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Common and Collective Funds	$ -	$ 4,914,146	$ -	$ 4,914,146
Mutual Funds	10,703,871	-	-	10,703,871
	$ 10,703,871	$ 4,914,146	$ -	$ 15,618,017

9 Related Parties

Wells Fargo Bank, the Trustee of the Plan, is a party-in-interest to the Plan due to the administrative fees it charges to the Plan, and the investment options offered under their investment group.

10 Merger and Transfer of Assets

Effective May 16, 2016, the assets of U.S. Mix Co.'s Profit Sharing Plan was merged into Rio Grande Co.'s Profit Sharing Plan. The assets merged totaled $2,222,711. U.S. Mix Co. is an entity affiliated with Rio Grande Co., and Wells Fargo Bank was the trustee of the merged plan and is the trustee of the surviving plan.

11 Reclassification

Certain items in the financial statements have been reclassified to conform with 2017 classifications.

12 Subsequent Events

Subsequent events have been evaluated through October 3, 2018, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

RIO GRANDE CO.
PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 84-0303990
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor	Description of Investment	Cost	Current Value
*	Common and Collective Funds	Wells Fargo Blackrock Intl Equity Index	n/a	$ 450,089
*	Common and Collective Funds	Wells Fargo Blackrock S&P Mid Cap Index	n/a	346,841
*	Common and Collective Funds	Wells Fargo Blackrock S&P 500 Index	n/a	2,737,075
*	Common and Collective Funds	Wells Fargo Stable Return Fund	n/a	2,513,640
	Registered Investment Company	American Cent Small Cap Value	n/a	998,114
	Registered Investment Company	American Funds EuroPacific	n/a	1,271,456
	Registered Investment Company	American Funds Washington	n/a	794,035
	Registered Investment Company	Columbia Small Cap Index	n/a	45,474
	Registered Investment Company	Eagle Small Cap Growth	n/a	1,037,286
	Registered Investment Company	Hartford Mid Cap	n/a	591,819
	Registered Investment Company	Metropolitan West Total	n/a	358,401
	Registered Investment Company	Sterling Capital Mid Cap Value	n/a	480,720
	Registered Investment Company	T Rowe Price Growth Stock	n/a	2,971,508
	Registered Investment Company	Vanguard Target Retirement Income	n/a	594,504
	Registered Investment Company	Vanguard Target Retirement 2020	n/a	1,933,605
	Registered Investment Company	Vanguard Target Retirement 2030	n/a	1,494,580
	Registered Investment Company	Vanguard Target Retirement 2040	n/a	576,714
	Registered Investment Company	Vanguard Target Retirement 2050	n/a	150,851
	Registered Investment Company	Vanguard Target Retirement 2060	n/a	6,974
				$ 19,353,686

*Denotes party-in-interest.

*Denotes party-in interest to the Plan.

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 84-0303990
PLAN NUMBER: 001

Total Contributions That Constitute Non-Exempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 826	$ -	$ 826	$ -	$ -

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2017

CONTENTS

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Plan Benefits

Statements of Changes in Net Assets Available for Plan Benefits

Notes to Financial Statements

Supplementary Information

Schedule of Assets Held for Investment Purposes

Schedule of Delinquent Participant Contributions

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Rio Grande Co. Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Rio Grande Co. Profit Sharing Plan, which comprise the Net Assets Available for Plan Benefits as of December 31, 2017 and 2016, and the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Wells Fargo Bank, the Trustee of the Plan, except for comparing the information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significant of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The attached supplemental schedules, Schedule of Assets Held for Investment Purposes and Schedule of Delinquent Participant Contributions, as of and for the year ended December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not required parts of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Martin Vefenka and Associates

October 3, 2018
Denver, Colorado

RIO GRANDE CO.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2017 AND 2016

ASSETS

	2017	2016
RECEIVABLES		
Participants	$ 766	$ 60
Employer	1,001,262	861,254
Total Receivables	1,002,028	861,314
INVESTMENTS - At Fair Value		
Common and Collective Funds	6,047,645	4,914,146
Mutual Funds	13,306,041	10,703,871
Total Investments, at Fair Value	19,353,686	15,618,017
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 20,355,714	$ 16,479,331

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment Income		
Net Appreciation in Fair Value of Common and Collective Trusts	$ 633,921	$ 224,386
Net Appreciation in Fair Value of Mutual Funds	2,015,363	870,181
Dividends	143,844	116,424
Other Income	2,215	19
Total Investment Income	2,795,343	1,211,010
Contributions:		
Employer	1,001,262	1,051,060
Participants	665,594	543,003
Rollovers	-	80,730
Total Contributions	1,666,856	1,674,793
Transfer of Assets	-	2,222,711
Total Additions to Net Assets	4,462,199	5,108,514
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Administrative Fees	75,326	43,214
Benefits Paid to Participants	510,489	919,858
Total Deductions from Net Assets	585,815	963,072
Net Increase in Net Assets	3,876,384	4,145,442
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR	16,479,331	12,333,889
END OF YEAR	$ 20,355,715	$ 16,479,331

See accompanying notes to financial statements.

1 Description of Plan

The following description of the Rio Grande Co. (Company) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General. The Plan is a defined contribution plan covering all full-time employees of the Company who have three months of service and are eighteen years of age, except those employees covered under a collective-bargaining agreement. During the year ended December 31, 2016, U.S. Mix Profit-Sharing Plan merged into the Plan. Employees of the U.S. Mix Division are currently covered under the Plan. The Plan is subject to the provisions of ERISA. The Plan is a qualified trust under Internal Revenue Service (IRS) Code Section 401(a).

B. Contributions. Each year, participants may contribute up to 100% of eligible wages, as defined in the Plan, up to certain statutory limits. Participants may direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. After one year of service, the Company may elect to match 50¢ for each dollar contributed, up to the first 6% of compensation that a participant contributes to the Plan. Additionally, after one year of service, the Company has the option of contributing profit-sharing contributions up to 15% of the employee's compensation. Employer contributions are allocated to the same investments chosen by the participants. Participants must be employed at the Company on the last day of the Plan year to receive either matching or profit-sharing contributions.

C. Participant Accounts. Each participant's account is credited with an allocation of: a) the Company's contribution; b) Plan earnings; and c) forfeitures of terminated participant's non-vested accounts, and the employee's 401(k) contributions. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

D. Vesting. Vesting is based on the number of years of continuous service with at least 1,000 hours of service per Plan year. A participant is 100% vested after six years of credited service.

E. Payment of Benefits. On termination of service, a participant may elect to receive either: a) a lump sum; or, b) rollover. Participants may also receive in-service benefits upon regular retirement age, or if they meet certain hardship criteria.

F. Participant Notes Receivable. The Plan does not allow loans.

G. Forfeitures. Forfeitures of terminated participants' non-vested accounts may be used to play plan expenses or reallocated to accounts of remaining participants as additional employer profit-sharing contributions.

1 Description of Plan (Continued)

G. Forfeitures. (Continued) As of December 31, 2017 and 2016, forfeited non-vested accounts totaled $19,295 and $24,367, respectively, which have been allocated in accordance with Plan provisions. Accounts forfeited during the years ended December 31, 2017 and 2016 were $14,975 and $16,589, respectively.

2 Summary of Significant Accounting Policies

A. Basis of Accounting. The financial statements of the Plan are prepared under the accrual method of accounting.

B. Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Investment Valuation and Income Recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

D. Payment of Benefits. Benefits are recorded when paid.

E. Operating Expenses. All expenses of maintaining the Plan are paid by the Company. Other investment related expenses are included in net increase in fair value of investments.

3 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. The Plan is not covered under the Pension Benefit Guarantee Corporation (PBGC) termination insurance program.

4 Investments

The Plan's investments are managed and held by Wells Fargo Bank. Investments are stated at fair value and quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

5 Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the IRS Code and, accordingly, the trust's net investment income is exempt from income taxes.

5 Tax Status (Continued)

The Plan has obtained a favorable tax determination letter from the IRS; and, although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is currently being operated in compliance with the applicable requirements of the IRS. The Plan's investments are managed and held by Wells Fargo Bank.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

6 Risks and Uncertainties.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits.

7 Information Prepared and Certified by the Trustee (Unaudited)

At December 31, 2017 and 2016, the Plan's Investments were held by Wells Fargo Institutional Retirement and Trust (Trustee). The financial information that is included in the financial statements is based on information certified by the Trustee as complete and accurate in accordance with Section 2025.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The following information included in the accompanying financial statements and supplemental schedules was taken from data that has been prepared and certified to as complete and accurate by the Trustee.

	2017	2016
Common and Collective Funds, at Fair Value	$ 6,047,645	$ 4,914,146
Mutual Funds, at Fair Value	$ 13,306,041	$ 10,703,871
Investment Income	$ 2,795,343	$ 1,211,010

8 Fair Value Measurements

FASB ASC 820-10-50, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

8 Fair Value Measurements (Continued)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 Measurements) and the lowest priority to unobservable inputs (Level 3 Measurements). The three levels of the fair value hierarchy under FASB ASC 820-10-50 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include -
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the assets or liability has specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Company had no Level 3 assets for the years ended December 31, 2017 and 2016.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily Net Asset Value (NAV), and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Collective Funds: The common and collective funds are valued at the net asset value of the funds' investments in other collective funds. There are no participant redemption restrictions for these investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments would result in a different fair value measurement at the reporting date.

8 Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Common and Collective Funds	$ -	$ 6,047,645	$ -	$ 6,047,645
Mutual Funds	13,306,041	-	-	13,306,041
	$ 13,306,041	$ 6,047,645	$ -	$ 19,353,686

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Common and Collective Funds	$ -	$ 4,914,146	$ -	$ 4,914,146
Mutual Funds	10,703,871	-	-	10,703,871
	$ 10,703,871	$ 4,914,146	$ -	$ 15,618,017

9 Related Parties

Wells Fargo Bank, the Trustee of the Plan, is a party-in-interest to the Plan due to the administrative fees it charges to the Plan, and the investment options offered under their investment group.

10 Merger and Transfer of Assets

Effective May 16, 2016, the assets of U.S. Mix Co.'s Profit Sharing Plan was merged into Rio Grande Co.'s Profit Sharing Plan. The assets merged totaled $2,222,711. U.S. Mix Co. is an entity affiliated with Rio Grande Co., and Wells Fargo Bank was the trustee of the merged plan and is the trustee of the surviving plan.

11 Reclassification

Certain items in the financial statements have been reclassified to conform with 2017 classifications.

12 Subsequent Events

Subsequent events have been evaluated through October 3, 2018, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

RIO GRANDE CO.
PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 84-0303990
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor	Description of Investment	Cost	Current Value
*	Common and Collective Funds	Wells Fargo Blackrock Intl Equity Index	n/a	$ 450,089
*	Common and Collective Funds	Wells Fargo Blackrock S&P Mid Cap Index	n/a	346,841
*	Common and Collective Funds	Wells Fargo Blackrock S&P 500 Index	n/a	2,737,075
*	Common and Collective Funds	Wells Fargo Stable Return Fund	n/a	2,513,640
	Registered Investment Company	American Cent Small Cap Value	n/a	998,114
	Registered Investment Company	American Funds EuroPacific	n/a	1,271,456
	Registered Investment Company	American Funds Washington	n/a	794,035
	Registered Investment Company	Columbia Small Cap Index	n/a	45,474
	Registered Investment Company	Eagle Small Cap Growth	n/a	1,037,286
	Registered Investment Company	Hartford Mid Cap	n/a	591,819
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	Registered Investment Company	Sterling Capital Mid Cap Value	n/a	480,720
	Registered Investment Company	T Rowe Price Growth Stock	n/a	2,971,508
	Registered Investment Company	Vanguard Target Retirement Income	n/a	594,504
	Registered Investment Company	Vanguard Target Retirement 2020	n/a	1,933,605
	Registered Investment Company	Vanguard Target Retirement 2030	n/a	1,494,580
	Registered Investment Company	Vanguard Target Retirement 2040	n/a	576,714
	Registered Investment Company	Vanguard Target Retirement 2050	n/a	150,851
	Registered Investment Company	Vanguard Target Retirement 2060	n/a	6,974
				$ 19,353,686

*Denotes party-in-interest.

*Denotes party-in interest to the Plan.

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 84-0303990
PLAN NUMBER: 001

Total Contributions That Constitute Non-Exempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 826	$ -	$ 826	$ -	$ -

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2017

CONTENTS

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Plan Benefits

Statements of Changes in Net Assets Available for Plan Benefits

Notes to Financial Statements

Supplementary Information

Schedule of Assets Held for Investment Purposes

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Rio Grande Co. Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Rio Grande Co. Profit Sharing Plan, which comprise the Net Assets Available for Plan Benefits as of December 31, 2017 and 2016, and the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Wells Fargo Bank, the Trustee of the Plan, except for comparing the information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significant of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The attached supplemental schedules, Schedule of Assets Held for Investment Purposes and Schedule of Delinquent Participant Contributions, as of and for the year ended December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not required parts of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Martin Vefenka and Associates

October 3, 2018
Denver, Colorado

RIO GRANDE CO.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2017 AND 2016

ASSETS

	2017	2016
RECEIVABLES		
Participants	$ 766	$ 60
Employer	1,001,262	861,254
Total Receivables	1,002,028	861,314
INVESTMENTS - At Fair Value		
Common and Collective Funds	6,047,645	4,914,146
Mutual Funds	13,306,041	10,703,871
Total Investments, at Fair Value	19,353,686	15,618,017
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 20,355,714	$ 16,479,331

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment Income		
Net Appreciation in Fair Value of Common and Collective Trusts	$ 633,921	$ 224,386
Net Appreciation in Fair Value of Mutual Funds	2,015,363	870,181
Dividends	143,844	116,424
Other Income	2,215	19
Total Investment Income	2,795,343	1,211,010
Contributions:		
Employer	1,001,262	1,051,060
Participants	665,594	543,003
Rollovers	-	80,730
Total Contributions	1,666,856	1,674,793
Transfer of Assets	-	2,222,711
Total Additions to Net Assets	4,462,199	5,108,514
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Administrative Fees	75,326	43,214
Benefits Paid to Participants	510,489	919,858
Total Deductions from Net Assets	585,815	963,072
Net Increase in Net Assets	3,876,384	4,145,442
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR	16,479,331	12,333,889
END OF YEAR	$ 20,355,715	$ 16,479,331

See accompanying notes to financial statements.

1 Description of Plan

The following description of the Rio Grande Co. (Company) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General. The Plan is a defined contribution plan covering all full-time employees of the Company who have three months of service and are eighteen years of age, except those employees covered under a collective-bargaining agreement. During the year ended December 31, 2016, U.S. Mix Profit-Sharing Plan merged into the Plan. Employees of the U.S. Mix Division are currently covered under the Plan. The Plan is subject to the provisions of ERISA. The Plan is a qualified trust under Internal Revenue Service (IRS) Code Section 401(a).

B. Contributions. Each year, participants may contribute up to 100% of eligible wages, as defined in the Plan, up to certain statutory limits. Participants may direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. After one year of service, the Company may elect to match 50¢ for each dollar contributed, up to the first 6% of compensation that a participant contributes to the Plan. Additionally, after one year of service, the Company has the option of contributing profit-sharing contributions up to 15% of the employee's compensation. Employer contributions are allocated to the same investments chosen by the participants. Participants must be employed at the Company on the last day of the Plan year to receive either matching or profit-sharing contributions.

C. Participant Accounts. Each participant's account is credited with an allocation of: a) the Company's contribution; b) Plan earnings; and c) forfeitures of terminated participant's non-vested accounts, and the employee's 401(k) contributions. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

D. Vesting. Vesting is based on the number of years of continuous service with at least 1,000 hours of service per Plan year. A participant is 100% vested after six years of credited service.

E. Payment of Benefits. On termination of service, a participant may elect to receive either: a) a lump sum; or, b) rollover. Participants may also receive in-service benefits upon regular retirement age, or if they meet certain hardship criteria.

F. Participant Notes Receivable. The Plan does not allow loans.

G. Forfeitures. Forfeitures of terminated participants' non-vested accounts may be used to play plan expenses or reallocated to accounts of remaining participants as additional employer profit-sharing contributions.

1 Description of Plan (Continued)

G. Forfeitures. (Continued) As of December 31, 2017 and 2016, forfeited non-vested accounts totaled $19,295 and $24,367, respectively, which have been allocated in accordance with Plan provisions. Accounts forfeited during the years ended December 31, 2017 and 2016 were $14,975 and $16,589, respectively.

2 Summary of Significant Accounting Policies

A. Basis of Accounting. The financial statements of the Plan are prepared under the accrual method of accounting.

B. Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Investment Valuation and Income Recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

D. Payment of Benefits. Benefits are recorded when paid.

E. Operating Expenses. All expenses of maintaining the Plan are paid by the Company. Other investment related expenses are included in net increase in fair value of investments.

3 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. The Plan is not covered under the Pension Benefit Guarantee Corporation (PBGC) termination insurance program.

4 Investments

The Plan's investments are managed and held by Wells Fargo Bank. Investments are stated at fair value and quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

5 Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the IRS Code and, accordingly, the trust's net investment income is exempt from income taxes.

5 Tax Status (Continued)

The Plan has obtained a favorable tax determination letter from the IRS; and, although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is currently being operated in compliance with the applicable requirements of the IRS. The Plan's investments are managed and held by Wells Fargo Bank.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

6 Risks and Uncertainties.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits.

7 Information Prepared and Certified by the Trustee (Unaudited)

At December 31, 2017 and 2016, the Plan's Investments were held by Wells Fargo Institutional Retirement and Trust (Trustee). The financial information that is included in the financial statements is based on information certified by the Trustee as complete and accurate in accordance with Section 2025.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The following information included in the accompanying financial statements and supplemental schedules was taken from data that has been prepared and certified to as complete and accurate by the Trustee.

	2017	2016
Common and Collective Funds, at Fair Value	$ 6,047,645	$ 4,914,146
Mutual Funds, at Fair Value	$ 13,306,041	$ 10,703,871
Investment Income	$ 2,795,343	$ 1,211,010

8 Fair Value Measurements

FASB ASC 820-10-50, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

8 Fair Value Measurements (Continued)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 Measurements) and the lowest priority to unobservable inputs (Level 3 Measurements). The three levels of the fair value hierarchy under FASB ASC 820-10-50 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include -
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the assets or liability has specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Company had no Level 3 assets for the years ended December 31, 2017 and 2016.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily Net Asset Value (NAV), and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Collective Funds: The common and collective funds are valued at the net asset value of the funds' investments in other collective funds. There are no participant redemption restrictions for these investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments would result in a different fair value measurement at the reporting date.

8 Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Common and Collective Funds	$ -	$ 6,047,645	$ -	$ 6,047,645
Mutual Funds	13,306,041	-	-	13,306,041
	$ 13,306,041	$ 6,047,645	$ -	$ 19,353,686

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Common and Collective Funds	$ -	$ 4,914,146	$ -	$ 4,914,146
Mutual Funds	10,703,871	-	-	10,703,871
	$ 10,703,871	$ 4,914,146	$ -	$ 15,618,017

9 Related Parties

Wells Fargo Bank, the Trustee of the Plan, is a party-in-interest to the Plan due to the administrative fees it charges to the Plan, and the investment options offered under their investment group.

10 Merger and Transfer of Assets

Effective May 16, 2016, the assets of U.S. Mix Co.'s Profit Sharing Plan was merged into Rio Grande Co.'s Profit Sharing Plan. The assets merged totaled $2,222,711. U.S. Mix Co. is an entity affiliated with Rio Grande Co., and Wells Fargo Bank was the trustee of the merged plan and is the trustee of the surviving plan.

11 Reclassification

Certain items in the financial statements have been reclassified to conform with 2017 classifications.

12 Subsequent Events

Subsequent events have been evaluated through October 3, 2018, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

RIO GRANDE CO.
PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 84-0303990
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor	Description of Investment	Cost	Current Value
*	Common and Collective Funds	Wells Fargo Blackrock Intl Equity Index	n/a	$ 450,089
*	Common and Collective Funds	Wells Fargo Blackrock S&P Mid Cap Index	n/a	346,841
*	Common and Collective Funds	Wells Fargo Blackrock S&P 500 Index	n/a	2,737,075
*	Common and Collective Funds	Wells Fargo Stable Return Fund	n/a	2,513,640
	Registered Investment Company	American Cent Small Cap Value	n/a	998,114
	Registered Investment Company	American Funds EuroPacific	n/a	1,271,456
	Registered Investment Company	American Funds Washington	n/a	794,035
	Registered Investment Company	Columbia Small Cap Index	n/a	45,474
	Registered Investment Company	Eagle Small Cap Growth	n/a	1,037,286
	Registered Investment Company	Hartford Mid Cap	n/a	591,819
	Registered Investment Company	Metropolitan West Total	n/a	358,401
	Registered Investment Company	Sterling Capital Mid Cap Value	n/a	480,720
	Registered Investment Company	T Rowe Price Growth Stock	n/a	2,971,508
	Registered Investment Company	Vanguard Target Retirement Income	n/a	594,504
	Registered Investment Company	Vanguard Target Retirement 2020	n/a	1,933,605
	Registered Investment Company	Vanguard Target Retirement 2030	n/a	1,494,580
	Registered Investment Company	Vanguard Target Retirement 2040	n/a	576,714
	Registered Investment Company	Vanguard Target Retirement 2050	n/a	150,851
	Registered Investment Company	Vanguard Target Retirement 2060	n/a	6,974
				$ 19,353,686

*Denotes party-in-interest.

*Denotes party-in interest to the Plan.

See accompanying notes to financial statements.

RIO GRANDE CO.
PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 84-0303990
PLAN NUMBER: 001

Total Contributions That Constitute Non-Exempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 826	$ -	$ 826	$ -	$ -

See accompanying notes to financial statements.