Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2017

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report Ic	dentification Information							
For calend	ar plan year 2017 or fisc	al plan year beginning 01/01/20	<u>017</u>	and ending 12	2/31/2017				
A This re	turn/report is for:	x a single-employer plan	er plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
R This rote	urn/report is	a one-participant plan	a foreign plan						
D IIIIS IEU	um/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 months)						
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC progra	am			
Dort II	Pasia Dian Inform		· /						
Part II		mation—enter all requested info	ormation		46 11	·.			
1a Name INTERIOR I		LTD. 401(K) PROFIT SHARING F	PLAN		1b Three-dig plan num (PN) ▶				
					1c Effective	date of plan 01/01/1999			
Mailing	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Employer Identification Number (EIN) 91-1490821				
	town, state or province, DEVELOPMENT EAST, L	country, and ZIP or foreign posta LTD	al code (if foreign, see instr	ructions)		s telephone number 09-327-7150			
						code (see instructions)			
921 W BRO					541400				
SPOKANE, \	WA 99201				341400				
3a Plan a	dministrator's name and	address X Same as Plan Spon	nsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
					7 Administra	ator o telephone number			
		plan sponsor or the plan name ha sor's name, EIN, the plan name ar			4b EIN				
	or's name				4d PN				
C Plan N	lame								
5a Total	number of participants at	t the beginning of the plan year			5a	7			
_		t the end of the plan year			5b	2			
C Numb	er of participants with ac	count balances as of the end of t	the plan year (only defined	contribution plans	5c	2			
	,	cipants at the beginning of the pla			5d(1)	2			
d(2) Tot	al number of active partic	cipants at the end of the plan yea	ar		5d(2)	2			
e Numb	per of participants who te	erminated employment during the	plan year with accrued be	nefits that were less	5e	0			
Caution: A	A penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is establish	ed.			
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	er penalties set forth in the instruc I signed by an enrolled actuary, a ete.	ctions, I declare that I have s well as the electronic ver	examined this return/report	oort, including, if i, and to the bes	applicable, a Schedule tof my knowledge and			
SIGN	Filed with authorized/va	alid electronic signature.	10/12/2018	DALE STEVENS					
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing as pl	an administrator			
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing as er	mployer or plan sponsor			

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a Total plan assets	lo Not determined
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No. If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [The plan is a plan year and plan is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [The plan is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [The plan is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [The plan is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [The plan is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [The plan is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for this plan year [The plan is checked, enter the PBGC premium filing for the PBGC prem	ind of Year 2205708
Part III Financial Information Financial Information 7	ind of Year 2205708
7 Plan Assets and Liabilities 7 (a) Beginning of Year (b) Er a Total plan assets 7 1989511 b Total plan liabilities 7 1 7 1989511 c Net plan assets (subtract line 7b from line 7a) 7 1989511 lincome, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8 (a) 1 10080 (2) Participants 8 (a) 2 24000 (3) Others (including rollovers) 8 (a) 2 18801 c Total income (loss) 8 (a), 8 (a), 8 (a), and 8b) 8 218801 c Total income (add lines 8 (a), 8 (a), 8 (a), and 8b) 8 (a) 36634 e Certain deemetics paid (including direct rollovers and insurance premiums to provide benefits) 8 (a) 36634 e Certain deemetics and/or corrective distributions (see instructions) 8 (a) 36634 e Certain deemetics and/or corrective distributions (see instructions) 8 (a) 36634 f Administrative service providers (salaries, fees, commissions) 8 (a) 36634 f Net income (loss) (subtract line 8 h from line 8c) 8 (a)	2205708 2205708
7 Plan Assets and Liabilities 7 (a) Beginning of Year (b) Er a Total plan assets 7 1989511 b Total plan liabilities 7 1 7 1989511 c Net plan assets (subtract line 7b from line 7a) 7 1989511 lincome, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8 (a) 1 10080 (2) Participants 8 (a) 2 24000 (3) Others (including rollovers) 8 (a) 2 18801 c Total income (loss) 8 (a), 8 (a), 8 (a), and 8b) 8 218801 c Total income (add lines 8 (a), 8 (a), 8 (a), and 8b) 8 (a) 36634 e Certain deemetics paid (including direct rollovers and insurance premiums to provide benefits) 8 (a) 36634 e Certain deemetics and/or corrective distributions (see instructions) 8 (a) 36634 e Certain deemetics and/or corrective distributions (see instructions) 8 (a) 36634 f Administrative service providers (salaries, fees, commissions) 8 (a) 36634 f Net income (loss) (subtract line 8 h from line 8c) 8 (a)	2205708 2205708
a Total plan assets	2205708 2205708
b Total plan liabilities	2205708
C Net plan assets (subtract line 7b from line 7a)	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b) Total
a Contributions received or receivable from: (1) Employers	-,
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
to provide benefits)	252881
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	
f Administrative service providers (salaries, fees, commissions)	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	36684
j Transfers to (from) the plan (see instructions)	216197
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the in 2A 2E 2F 2J 2R 3D	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the in 2A 2E 2F 2J 2R 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the ins	instructions:
	structions:
Part V Compliance Questions	
10 During the plan year: Yes No	Amount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	
Program)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	245000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Part		identification information			10/01/0	017
For calenda	r plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/2	
A This retu	ırn/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp	n (not multiemployer) (F oloyer information in acc		
a one-participant plan a foreign plan						
B This retur	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check h	ox if filing under:	X Form 5558	automatic extension	Γ	DFVC progra	m
• Shook b	ox ii iiiiig airaoi.	special extension (enter desc		L	_ bi vo piogia	
Dowl II	Pasia Dian Infe	ormation—enter all requested in				
Part II 1a Name o		ormation—enter all requested in	iormation	1	1b Three-digi	+
	1124	70771			plan numb	
INTERIOR	DEVELOPMENT	EAST LTD. 401(K) PRO	OFIT SHARING PLAN		(PN) ▶	
					1c Effective of 01/01/1	
		oyer, if for a single-employer plan)				Identification Number
Mailing	address (include roo	om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see instri	uctions)		1490821
	R DEVELOPMEN		ta, 5545 (ii 1616.g.i., 555 iii.	,	2c Sponsor's 509-327	telephone number
				-		code (see instructions)
921 W B	ROADWAY				541400	,
SPOKANE	V.19-4	WA 99201			2b 11::1:	
3a Plan ad	lministrator's name a	and address 🛛 Same as Plan Spo	onsor.		3b Administra	ATOLS FIN
					3c Administra	ator's telephone number
					, , , , , , , , , , , , , , , , , , , ,	
4 If the n	ame and/or EIN of t	ne plan sponsor or the plan name h	nas changed since the last re	eturn/report filed for	4b EIN	
this pla	an, enter the plan sp	onsor's name, EIN, the plan name	and the plan number from th	e last return/report.	Ad pu	
a Sponso					4d PN	
c Plan Na	ame			"		
5a Total n	number of participant	ts at the beginning of the plan year			5a	7
		ts at the end of the plan year			5b	2
		account balances as of the end o			5c	
comple	ete this item)					2
1000000 CHARLES 100 VIEW CONTROL		articipants at the beginning of the			5d(1)	2
		participants at the end of the plan ye			5d(2)	2
		o terminated employment during th			5e	0
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau	use is establish	ed.
SB or Sche	dule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have as well as the electronic ver	examined this return/reportsion of this return/report	port, including, i t, and to the bes	fapplicable, a Schedule t of my knowledge and
SIGN	rue, correct, and cor	i Me Bootla.	10/12/18	Patricia Lucka	a	A Company of the Comp
HERE	Signatura of plan	administrator	Date	Enter name of individ		an administrator
	Signature of plan	AND A.	1 /.00	Patricia Lucka		an administrator .
SIGN	1/2/10/a	in fille	10/12/18			mpleyer or plea angres
	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	uai signing as e	mployer or plan sponsor

_			-
Ja	а	e	_

b /	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility and the content of the c	an independ and condition	dent qualified public ad ons.)	counta	ant (IQ	PA)		X Yes No
C II	If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pr	ogram (see ERISA se	ction 40	021)? .	🗌 Y	'es No	Not determined See instructions.)
Parl	III Financial Information							
_ 7	Plan Assets and Liabilities		(a) Beginning o				(b) End of	
a	Total plan assets	7a	1,	989,5	511		A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2,205,708
-	Total plan liabilities	7b						2 205 700
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	989,	211			2,205,708
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al
	Contributions received or receivable from: [1] Employers	8a(1)		10,0	080			
	(2) Participants	8a(2)		24,0	000			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		218,8	301			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					7 5	252,881
d E	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36,	634			
е (Certain deemed and/or corrective distributions (see instructions)	8e						
f /	Administrative service providers (salaries, fees, commissions)	8f			50			
g	Other expenses	8g						
h ⁻	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						36,684
i	Net income (loss) (subtract line 8h from line 8c)	8i					***************************************	216,197
j	Transfers to (from) the plan (see instructions)	8j						
Part								
	If the plan provides pension benefits, enter the applicable pension $2A\ 2E\ 2F\ 2J\ 2R\ 3D$	- A 138						
	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plai	n Chara	acteris	ic Code:	s in the instruc	tions:
Part	t V Compliance Questions			-				
10	During the plan year:				Yes	No	Ar	nount
a	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	/oluntary Fi	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х	Acceptance of the second	
С	Was the plan covered by a fidelity bond?			10c	X			245,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	E-SERVICE STATE OF THE SERVICE	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i				

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Page 3 -	1 1	

CONTRACTOR OF THE PARTY OF THE						
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)			В	Y6	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?			f	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	20	200		<u> </u>	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver		d enter t Day		of the letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			_		
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	N/A
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u control of the PBGC?	nder the	Yes X No			No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to			
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
11.920						
			Substitute of the substitute o			
		5.00 TO 100 TO 100				