Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed u		065 of the Employee Retir	rement	2018	
Department of Labor Employee Benefits Security Administra	Income Security Act of 1974 (E	RISA), and sections 605 evenue Code (the Code		ternal	This Form is Open to	
Pension Benefit Guaranty Corpora	tion Complete all entries in acc	ordance with the instru	uctions to the Form 5500	D-SF.	Public Inspection	
	ort Identification Information					
For calendar plan year 2018	or fiscal plan year beginning 01/01/201			1/2018		
<b>A</b> This return/report is for:	X a single-employer plan L	list of participating em	an (not multiemployer) (File ployer information in acco		king this box must attach a vith the form instructions.)	
<b>B</b> This return/report is	a one-participant plan	a foreign plan				
	the first return/report	the final return/report				
	an amended return/report	a short plan year return	n/report (less than 12 mont	ths)		
<b>C</b> Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram	
	special extension (enter description	on)				
Part II Basic Plan I	nformation—enter all requested inform	nation				
<b>1a</b> Name of plan			1	<b>b</b> Three	e-digit number	
JOHN RALPH INC, 401(K) PL	AN			(PN)		
			1	C Effect	tive date of plan 01/01/2015	
	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.O. B	ox)	2	2b Empl (EIN)	oyer Identification Number	
	ovince, country, and ZIP or foreign postal o		uctions) 2	( )	nsor's telephone number	
			2	2 <b>d</b> Busir	208-939-6430 ness code (see instructions)	
1117 EAST PLAZA DRIVE					541990	
SUITE F EAGLE, ID 83616					011000	
<b>3a</b> Plan administrator's nam	ne and address 🛛 Same as Plan Sponso	r.	3	<b>3b</b> Admi	nistrator's EIN	
			3	Sc. Admi	nistrator's telephone number	
4 If the name and/or EIN of	of the plan sponsor or the plan name has o	changed since the last re	eturn/report filed for 4	<b>b</b> EIN		
this plan, enter the plan <b>a</b> Sponsor's name	sponsor's name, EIN, the plan name and	the plan number from th	e last return/report.	d PN		
C Plan Name						
<b>Fa T</b> (1) (1) (1)				5a		
	ants at the beginning of the plan year ants at the end of the plan year			5a 5b	5	
C Number of participants	with account balances as of the end of the	plan year (only defined	contribution plans	5c	4	
• • •	e participants at the beginning of the plan			5d(1)	5	
	e participants at the end of the plan year.	-		5d(2)	5	
	who terminated employment during the pl			5e	0	
Caution: A penalty for the l	ate or incomplete filing of this return/re	port will be assessed	unless reasonable cause	e is estal	olished.	
Under penalties of perjury an SB or Schedule MB complete	nd other penalties set forth in the instructioned and signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/repor	rt, includi	ng, if applicable, a Schedule	
belief, it is true, correct, andSIGNFiled with author	complete. ized/valid electronic signature.	05/20/2019	MATT HEIM			
HERE	an administrator	Date	Enter name of individual	l signing :	as plan administrator	
SIGN				- signing (		
HERE		Date			as employer or plan sponsor	

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

Form 5500-SF (2018) v.171027

			0					
6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b>	an indepei and condit	ndent qualified public a tions.)	ccount	ant (IQ	(PA)		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ction 4	021)?	🗍	Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	an yea	r			(See instructions.)
Ра	rt III Financial Information				-			
7	Plan Assets and Liabilities		(a) Beginning c	of Year			(b) End o	of Year
а	Total plan assets	7a	7	73083				76195
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	7	73083				76195
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		8518				
	(2) Participants	8a(2)	1	7480				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-6375				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						19623
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	15089				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1422				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16511
i	Net income (loss) (subtract line 8h from line 8c)	8i						3112
j	Transfers to (from) the plan (see instructions)	8i						
Pa	rt IV Plan Characteristics	•,						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Chai	racteris	stic Co	des in the instr	uctions:
	2A 2E 2J 2K 2F 2G 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	acterist	ic Cod	es in the instru	ctions:
Pa	rt V Compliance Questions					1		
10	During the plan year:				Yes	No	A	mount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x		
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х		
c				10c		Х		

Х

Х

Х

Х

664

Х

10d

10e

10f

10g

10h

10i

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under

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

i

2520.101-3.) .....

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

by fraud or dishonesty?.....

the plan? (See instructions.).....

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Ann	ual Return/Report of Small Emp Benefit Plan	oloyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revolue Service		ed under sections 104 and 4065 of the Employee		2018
Department of Labor Employee Benefits Security Administratio		4 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).	he Internal	This Form is Open to
Ponsion Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the Form	5500-SF.	Public Inspection
	rt Identification Informatio	n		
For calendar plan year 2018 or	r fiscal plan year beginning	01/01/2018 and ending	12/3	1/2018
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer list of participating employer information in a foreign plan		
B This return/report is	6			
an eren en en en eren eren eren eren ere	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12	months)	
Check box if filing under:	Form 5558	automatic extension	DFVC D	ooram
	special extension (enter des	cription)	L.	NP .
Part II Basic Plan In	formation-enter all requested i	· · ·		
a Name of plan	ronnation-enter an requested i	nomaton	1b Three	holi
John Ralph Inc,	401(k) Plan		8	number
			(PN)	▶ 001
				tive date of plan
	la a disa sinata anata anata			01/2015
	boyer, if for a single-employer plan) bom, apt., suite no. and street, or P.			over Identification Number 46-3545988
		stal code (if foreign, see instructions)	Design provident or Tetransfer (108	sor's telephone number
John Ralph Incor	rporated			-939-6430
	6% · · ·			ess code (see instructions)
1117 East Plaza Suite F	Drive			
Eagle	ID 836	16		
	and an a first state of the sta	na hann i hannan da mana ( i na mana) Kanana na sana mana na ma	5419	energy and the second
a Plan administrator's name	and address X Same as Plan Spo	DRSOF.	3b Admir	histrator's EIN
			3c Admir	istrator's telephone numbe
If the name and/or EIN of t	the plan sponsor or the plan name t	as changed since the last return/report filed for	4b EIN	antanimogén inga yakaminin mengalaminingi méndading Lingtogondomi kalan mamit amang bijané manan Ab
	consor's name, EIN, the plan name	and the plan number from the last return/report.		anna a fha ann a ann an ann an ann an an ann an a
a Sponsor's name			4d PN	
C Plan Name				
2 Total number of participant	te at the herizaine of the nice was		5a	nn an tha ann ann an tha ann ann ann ann ann an tha ann an ann an tha ann an tha ann ann ann ann ann ann ann an I
			Careful a company of the same start	ינים איז לעריים איז
		the plan year (only defined contribution plans		niezan w Ziel can wiedzielinie meteo z abez zen nie zwienie zwiezanie drzi zwanymacy kom en materianie w state Na
		the plan year (only defined contribution plans	5c	
d(1) Total number of active p	participants at the beginning of the p	lan year	5d(1)	
		- 187	5d(2)	
e Number of participants wh	terminated employment during th	e plan year with accrued benefits that were less	5e	MERNING CHEF,
aution: A penalty for the late	e or incomplete filing of this retur	n/report will be assessed unless reasonable c	use is establ	lished.
Inder penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary.	ctions. I declare that I have examined this return/r as well as the electronic version of this return/repo	eport, includin	g, if applicable, a Schedule
NGN CA	Als >	5/20/2019 Matt Heim	NATION OF THE REAL POINT AND	

SIGN	( WMQum	5/20/2019	Matt Heim
HERE	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
For Paneous	ork Reduction Act Notice see the Instructions for Form 5500-SF		Form 5500,SE (2018)

v.171027

Form 5500-SF (2018)

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

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	Self A.	(a) Beginning	of Yea	r		(b) Enc	l of Year	
а	Total plan assets	7a			083				76,195
b	Total plan liabilities	7b							
с	Net plan assets (subtract line 7b from line 7a)	7c		73,	083				76,195
8	Income, Expenses, and Transfers for this Plan Year	1220	(a) Amou	nt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			518				
	(2) Participants	8a(2)		17,	480				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-6,	375	144 C.	≪	10.25	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A Start Hell	1.11.119					19,623
Contractory of the local division of the loc		8d		15,	089	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e					2.1 -	A Press	
f	Administrative service providers (salaries, fees, commissions)	8f		1,	422				
g	Other expenses	8g					1000	1.11.1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	. 235						16,511
i	Net income (loss) (subtract line 8h from line 8c)	8i	an she the	$k = \sqrt{k}$	eral :				3,112
j Par 9a	Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D	8j	les from the List of Pl	an Cha	racteri		s in the ins	tructions:	
9a b	If the plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for	8j feature coo				stic Codes	s in the ins		
9a b Par	If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	8j feature coo			acteris	stic Codes	s in the ins	uctions:	
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	8j feature code eature code tions within 'oluntary Fig	the time period duciary Correction			stic Codes	s in the ins		
9a b Par 10 a	IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	8j feature code eature code tions within 'oluntary Fie ? (Do not ir	the time period duciary Correction	n Chara	acteris	stic Codes tic Codes	s in the ins	uctions:	
9a b Par 10 a	IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	8j feature code tions within 'oluntary Fid	the time period duciary Correction	n Chara	acteris	stic Codes tic Codes	s in the ins	uctions:	
9a b Par 10 a b	IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   If the plan provides welfare benefits, enter the applicable welfare for   IV Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   Was the plan covered by a fidelity bond?	8j feature code eature code tions within 'oluntary Fid ? (Do not in fidelity bon	the time period duciary Correction aclude transactions d, that was caused	n Chara 10a 10b	acteris	stic Codes	s in the ins	uctions:	
9a b Par 10 a b c	IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   Was the plan covered by a fidelity bond?   Did the plan have a loss, whether or not reimbursed by the plan's	8j feature code eature code tions within 'oluntary Fid ? (Do not in fidelity bon fidelity bon er persons e or all of th	the time period duciary Correction aclude transactions d, that was caused by an insurance ne benefits under	n Chara 10a 10b 10c	acteris	stic Codes	s in the ins	uctions:	664
9a b Par 10 a b c	IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   Was the plan covered by a fidelity bond?   Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	8j feature code eature code tions within 'oluntary Fie ? (Do not ir fidelity bon er persons e or all of th	the time period duciary Correction include transactions d, that was caused by an insurance he benefits under	n Chara 10a 10b 10c 10d	Yes	stic Codes	s in the ins	uctions:	664
9a b Par 10 a b c d	IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?   Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)   Has the plan failed to provide any benefit when due under the plan	8j feature code eature code tions within 'oluntary Fie ? (Do not ir fidelity bon- fidelity bon- er persons e or all of th	the time period duciary Correction aclude transactions d, that was caused by an insurance he benefits under	n Chara 10a 10b 10c 10d	Yes	stic Codes	s in the ins	uctions:	664
9a b Par 10 a b c d d f g	IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2A 2E 2J 2K 2F 2G 3D   If the plan provides welfare benefits, enter the applicable welfare for   t Compliance Questions   During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?   Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)   Has the plan failed to provide any benefit when due under the plan	8j feature code eature code tions within 'oluntary Fi ? (Do not ir fidelity bon er persons e or all of th n? 	the time period duciary Correction aclude transactions d, that was caused by an insurance he benefits under ad.)	n Chara 10a 10b 10c 10d 10e 10f	Yes	stic Codes tic Codes No X X X X X X X	s in the ins	uctions:	664