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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For cale	ndar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 1:	2/31/20	015					
A This	return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in act a foreign plan	· · · · ·						
B This r	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)						
C Chec	ck box if filing under:	Form 5558 special extension (enter descr	1 /		DFVC progr	ram				
Part I	Basic Plan Info	ormation—enter all requested inf	ormation							
	ne of plan HOMES CORPORATION	N 401(K) RETIREMENT PLAN		1b	Three-digit plan number (PN) ▶	001				
				1c	Effective date of 01/0	f plan 1/1993				
Mail	ing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O		2b	Employer Identification (EIN) 91-0	ication Number 841642				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DZIER HOMES CORPORATION				2c Sponsor's telephone number 425-454-8690						
				2d	Business code (see instructions)				
	TH AVENUE SE, STE 10 E, WA 98004	00			2361	10				
3a Plar	administrator's name a	nd address XSame as Plan Spons	sor.	3b	Administrator's I	ΞIN				
				3с	Administrator's t	elephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b						
a Spo	nsor's name			4c						
5a Tota	al number of participants	at the beginning of the plan year		5	a	20				
b Tota	al number of participants	at the end of the plan year		51	0	18				
			the plan year (defined benefit plans do not	50	c	18				
d(1) ⊺	otal number of active pa	articipants at the beginning of the plant	an year	5d((1)	15				
d(2) 1	otal number of active pa	articipants at the end of the plan yea	ar	5d((2)	11				
e Nu tha	mber of participants that an 100% vested	terminated employment during the	plan year with accrued benefits that were less	56		0				
			n/report will be assessed unless reasonable ca							
Under pe	enaities of perjury and of	mer penaities set forth in the instruc	ctions, I declare that I have examined this return/re	port, in	iciuaing, it applic	able, a Schedule				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

	Filed with authorized/valid electronic signature.	07/08/2016	GARY SANFORD			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponso				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2							
 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	rmined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		4437	275				4167	140
b Total plan liabilities	7b		4407	,07E				44.07	4.40
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	4437	2/3			(1.) 7	4167	140
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otai	
(1) Employers	8a(1)		30	501					
(2) Participants	8a(2)		121	985					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		42	2602					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							195	880
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		458	8591					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		6	6632					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							465	223
i Net income (loss) (subtract line 8h from line 8c)	8i							-270	135
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3H	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instrud	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruct	ions:	
Part V Compliance Questions				T		ī ī			
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest			405		X				
reported on line 10a.)			10b						
C Was the plan covered by a fidelity bond?			10c	X					500000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ne or all of t	he benefits under	100		X				
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla			10e						
			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			•	•		<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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

Revenue Code (the Code).

OMB Nos. 1210-0110 **12**10-0089

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or	fiscal plan year beginning									
_		01/01/ <u>2015</u>	and ending	12/31						
	X a single-employer plan	a multiple-employer	plan (not multiemploye	r) (Filers checking	this box must attach a					
A This return/report is for:	a one-participant plan		list of participating employer information in accordance with the form							
	a one participant plan	a foreign plan								
B This return/report is	the first return/report	the final return/repor	t							
= This (claim report is	an amended return/report		· um/report (less than 12	manth a)						
	an amended return/report	Lia short plan year ret	umreport (less than 12	see trait 12 months)						
C Check box if filing under:	Form 5558	automatic extension	1	DFVC	C program					
	special extension (enter des	scription)								
Part II Basic Plan Int	ormation—enter all requested	information			<u> </u>					
1a Name of plan	· ·		<u> </u>	1b Three-dig	it					
Lozier Homes Corpor	ation			plan numb						
401(k) Retirement P	lan			(PN) ▶	001					
				1c Effective of						
2- Diameter (01/01/						
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.				Identification Number					
	nce, country, and ZIP or foreign pos		structions)		-0841642					
Lozier Homes Corpor	•		,		telephone number					
-					454-8690					
					code (see instructions)					
1300 114th Avenue S	E, Ste 100			236110						
Bellevue		W	A 98004	1						
3a Plan administrator's name a	and address XSame as Plan Spor			3b Administra	itor's EIN					
				3c Administra	tor's telephone number					
				1						
				1						
4 If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN						
		e the last return/report filed	for this plan, enter the	4b EIN 4c PN						
name, EIN, and the plan no a Sponsor's name				4c PN	20					
name, EIN, and the plan not a Sponsor's name 5a Total number of participants	umber from the last return/report. s at the beginning of the plan year.			4c PN 5a						
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants	umber from the last return/report.			4c PN 5a 5b	20					
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with	s at the beginning of the plan year.	f the plan year (defined ber	nefit plans do not	4c PN 5a						
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name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the end of the plan year terminated employment during the or incomplete filling of this return the repealties set forth in the instrument signed by an enrolled actuary, plete.	f the plan year (defined ber plan yeare plan year with accrued be plan year with accrued be	enefit plans do not enefits that were less unless reasonable ca e examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if art, and to the best of	18 18 15 11 0 d. applicable, a Schedule of my knowledge and					
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name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this returned signed by an enrolled actuary, plete.	olan year (defined ber olan year	enefit plans do not enefits that were less unless reasonable ca e examined this return/re rsion of this return/repor Gary Sanford Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a rt, and to the best of the bes	18 18 15 11 0 d. applicable, a Schedule of my knowledge and					
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name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this returned signed by an enrolled actuary, plete.	olan year (defined ber olan year	enefit plans do not enefits that were less unless reasonable ca e examined this return/re rsion of this return/repor Gary Sanford Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a rt, and to the best of the bes	18 18 15 11 0 d. applicable, a Schedule of my knowledge and					

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon	an independ and condition not use For	dent qualified public ons.) m 5500-SF and mu	accoun	tant (l	QPA) e Fori	n 5500.	•••••	2	Yes	No No
c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA s	ection 4	4021)?	·[Yes	No	☐ No	t determi	ined
Pá	rt III Financial Information										
	Plan Assets and Liabilities		(a) Beginnin	g of Ye		7 =		(b) Er	nd of Y	ear 4,167	7 7 4 6
_ <u>a</u>		. 7a		4,43	1,21	7.5				4,16	7,140
_	Total plan liabilities	7b		1 12	7 27	, _	_			4 1.00	7 1 4 0
8	Net plan assets (subtract line 7b from line 7a)	. 7c			7,27	3				4,167	7,140
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt				(b)) Total		
	(1) Employers	8a(1)		3	0,50	1					
	(2) Participants	. 8a(2)		12	1,98	5					
	(3) Others (including rollovers)	8a(3)				_					
<u>b</u>	Other income (loss)	. 8b		4	2,60	12					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4				195	,088
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		45	8,59	1					
e	Certain deemed and/or corrective distributions (see instructions)	8e			·						
f	Administrative service providers (salaries, fees, commissions)	8f			6,63	2					
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								465	,223
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								-270	,135
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
9a B	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable										
Par					T.,	Γ	I I				
10 a b	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.)	oluntary Fid	uciary Correction	10a	Yes	X X	N/A		Ame	ount	
С	Was the plan covered by a fidelity bond?			10c	х					500	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				300	<u>/ 000</u>
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	e or all of the	e benefits under	10e		Х			_		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		K					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	l.)	10g		Х				_	-
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Ж					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
j	Did the plan trust incur unrelated business taxable income?	<u></u>		10j							
Part	VI Pension Funding Compliance							-		_	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye:	s," see instructions a	and con	plete \$	Sched	ule SB (F	orm		Yes 🛚	No
11a	Enter the unpaid minimum required contribution for all years from \$	Schedule SB	(Form 5500) line 4	0		<u></u>	11a				
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the	ne Code	or sec	ction 3	02 of EF	RISA?		Yes X	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		•		_		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	structions, and Month	enter the	e date of	the letter Year	ruling	
!	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
!	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
_	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	eft of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s 🔣 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 brougof the PBGC?	tht under the c	ontrol		Yes 🛚	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
			<u>-</u>				
D	T					_	
Pari							
144	Name of trust		14b T	rust's EIN	ł		
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes		∏No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defe rrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe Al harbor te method			P/ACP	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?)1(m)-	Yes	- :	No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	``	Rat per test	centage		erage nefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?	pining	Yes		No		
	Has the plan been timely amended for all required tax law changes?		Yes		No	N/A	
	for tax law changes and codes).	. Enter the app			(See inst		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial nurr	ber			•	or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter		he plan's	s last favo	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) I made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	has been slands)?	Yes		No		
19	Were in-service distributions made during the plan year?		Yes		No		
	If "Yes," enter amount		19		_		
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A	
					_		