## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to **Public Inspection** 

Part I		<b>Identification Information</b>							
For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/2	<u>016</u>	and ending 12	2/31/2016				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) ( aployer information in ac					
	·	a one-participant plan	a foreign plan						
<b>B</b> This retu	ırn/report is	X the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	ım			
Dort II	Pasia Dian Info	special extension (enter descri							
Part II		rmation—enter all requested info	rormation		<b>1b</b> Three-dig	:4			
1a Name CALIBER RE	or plan ETIREMENT PLAN				plan num				
					1c Effective	date of plan 01/01/2016			
	` ' '	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	), Box)		2b Employer (EIN)	Identification Number 46-2639349			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CALIBER REAL ESTATE, LLC				2c Sponsor's	s telephone number				
DOTE ADOTU AVE A E. CHITE AND						code (see instructions)			
BELLEVUE, V	I AVE. N.E., SUITE 10 WA 98005			531210					
3a Plan ad	dministrator's name ar	3b Administrator's EIN							
						ator's telephone number			
4					41				
name,	EIN, and the plan nur	e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	or this plan, enter the					
<b>a</b> Sponso					4c PN	0			
_		at the beginning of the plan year							
		at the end of the plan year			5b	3			
		account balances as of the end of t			5c	3			
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	0			
		rticipants at the end of the plan year			5d(2)	0			
than '	100% vested	terminated employment during the			5e	0			
		or incomplete filing of this return her penalties set forth in the instruc							
SB or Sche		nd signed by an enrolled actuary, a							
SIGN	Filed with authorized/v	valid electronic signature.	06/13/2017	JILLIAN MORELL					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	name of individual signing as plan administrator				
SIGN HERE									
	Signature of emplo		Date			nployer or plan sponsor			
Preparer's	name (including firm n	ame, if applicable) and address (in	iclude room or suite numbe	r)	Preparer's tele	phone number			

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>								X Yes No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not determined
	t III Financial Information	isurance p	ologialii (see ERISA se	ection 4	021) :		168	Пио	Not determined
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year
a	Total plan assets	7a	(a) Degiiiiiig	0			'	(b) Liid	103853
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		0	)				103853
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) <sup>-</sup>	Γotal
а	Contributions received or receivable from:			31800					
	(1) Employers	8a(1)		54000					
	(2) Participants	8a(2)		16676					
	(3) Others (including rollovers)	8a(3)		1377					
	Other income (loss)	8b		1077					103853
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							103033
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							103853
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	· ·	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X			
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	he require	d notice or one of the	10i					

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Part	VI P	ension Funding Compliance								
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						Yes	No	
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C  2								
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see insignificant the waiver.		ns, and	d enter		e of the lo		ng	
If	_	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				<u>y</u>		ai		
		ne minimum required contribution for this plan year			12b					
		ne 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)										
е		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		I/A	
Part		Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·		
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou I of the PBGC?		er the			Yes	X No	)	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the	olan(s	) to					
	13c(1) N	lame of plan(s):		13c(2)	EIN(s)	IN(s) 13			(s)	
_										
Part		Trust Information								
14a	Name o	f trust			14b	Trust's I	EIN			
14c	Name o	of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions			ı					
15a	Is the p	olan a 401(k) plan? If "No," skip b		Yes			No			
		d the plan satisfy the nondiscrimination requirements for employee deferrals under section  3) for the plan year? Check all that apply:		safe h	n-based narbor		☐ "Prio	r year" A	ADP	
				"Curre	ent year test	~"	N/A			
16a 		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit te	st 🗌	N/A	
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the lett									
	letter_	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the n	nost rec	ent dete	rminatio	n	
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only:  Iny distributions made during the plan year to an employee who attained age 62 and had not sep?		from	Ye	s	No			
19	Was ar	ny plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No			

## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I Annual Repor	rt Identification Information		1 10 404							
For calendar plan year 2016 or	fiscal plan year beginning 01/01/201	16	and ending 12/3							
A This return/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer) i ployer information in a	(Filers checking the coordance with the	is box must attach a e form instructions.)					
The following of the feet	a one-participant plan	a foreign plan								
B This return/report is	the first return/report	· —								
	an amended return/report	a short plan year return	/report (less than 12 m	! months)						
C Check box if filing under:	Form 5558	automatic extension		DFVC program	n					
	special extension (enter desci	ription)								
Part II Basic Plan Inf	formation—enter all requested in	formation								
1a Name of plan CALIBER RETIREMENT PLAN				1b Three-digit plan numb (PN) ▶						
				1c Effective d 01/01/201	•					
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C	D. Box)		2b Employer I (EIN) 46-2	dentification Number 639349					
City or town, state or provide CALIBER REAL ESTATE, LLC	uctions)		telephone number 844) 370-7700							
				2d Business of 531210	code (see instructions)					
2375 - 130TH AVE. N.E., SUITE	101									
BELLEVUE, WA 98005				3b Administrator's EIN						
3a Plan administrator's name		OB Administrator 3 Em								
				3c Administrator's telephone number						
4 If the name and/or EIN of t	the plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b EIN						
name, EIN, and the plan r	number from the last return/report.			4						
a Sponsor's name				4c PN	0					
5a Total number of participan	nts at the beginning of the plan year.									
<b>b</b> Total number of participan	nts at the end of the plan year	•••••								
C Number of participants wit complete this item)	th account balances as of the end of	the plan year (only defined	contribution plans							
d(1) Total number of active p	participants at the beginning of the p	lan year	•••••	5d(1)						
• •	participants at the end of the plan ye			5d(2)	0					
e Number of participants the	at terminated employment during the	e plan year with accrued ber	nefits that were less	5e	0					
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	uniess reasonable ca	use is establishe	od.					
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co.	other penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/repo	eport, including, if rt, and to the best	of my knowledge and					
SIGN × Jellem		16/2/17	× Illian 1	you						
HERE Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator					
SIGN										
HERE Signature of emp	oloyer/plan sponsor	Date		dual signing as em	ployer or plan sponsor					
Preparer's name (including firm	Preparer's name (including firm name, if applicable) and address (include room or suite number)									

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b c	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 If you answered "No" to either line 6a or line 6b, the plan cann if the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi i <b>ot use</b> Fo	ndent qualified public a tions.) orm 5500-SF and mus	account	ant (IC	PA) Form	า 5500.	X Yes No	
	rt III   Financial Information	ter in is	(2) 5 - 1 - 1 - 2	-4 \/	T			V Fod of Voor	
7	Plan Assets and Liabilities	Angel (Gre	(a) Beginning	or rear	0		(E	o) End of Year 103853	
<u>a</u>	Total plan assets	7a			-			103653	
<u>b</u>		7b			<del>.  </del>			103853	
	Net plan assets (subtract line 7b from line 7a)	7c			•				
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	-	, II III .	- 7	(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		3180	00				
	(2) Participants	8a(2)		5400	00				
	(3) Others (including rollovers)	8a(3)		16676					
b	Other income (loss)	8b		137	77		Line		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						103853	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				# 3 4			
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	. 8g					10		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			74				
i	Net income (loss) (subtract line 8h from line 8c)	8i		THE STATE OF			103853		
j	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for								
Par					ı	١	I I		
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary f	Fiduciary Correction	10a		×			
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	_ 1		
	Was the plan covered by a fidelity bond?			10c		X			

Х

Х

Х

Х

Х

10d

10e

10f

10g

10h

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

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.).....

Has the plan failed to provide any benefit when due under the plan? .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ......

exceptions to providing the notice applied under 29 CFR 2520.101-3.

by fraud or dishonesty?.....

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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 (Form 5500) and line 11a below)						Yes	☐ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?					🛘	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			-l t 1				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	ons, an	Day		Yea		iing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	3 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			120				
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No	Ц	N/A
Part	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				X Ye	s 📗	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?					Yes	X N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the	plan(s	) to		•	······	
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c	(3) PN	√(s)
Part	YHI Trust Information			<del> </del>				
A 55 45 54	Name of trust			14b 1	rust's	FIN		
,-14	Table of trade				, ruot o			
14c	Name of trustee or custodian			14d Trustee's or custodian's telephone number				
Pari	IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b.		Yes			☐ No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		safe h	ign-based "Prior year" ADP harbor test				
			"Curre	ent year' est	[	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						verage enefit test		N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number		n letter	or advis	sory let	ter, enter t	he da	te of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, deter	enter the	e date	of the m	ost rec	ent detern	ninatio	n
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepservice?		from	Yes	· [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	. [	No		