## 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		t Identification Information						
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016								
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a								
A This ret	urn/report is for:	O a and participant plan	_ · · · ·	mployer information in ac	ccordance with the	form instructions.)		
		a one-participant plan	a foreign plan					
D This make		the first return/report	the final return/report					
<b>B</b> This retu	ırn/report is	H '						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)			
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter desci	ription)		_			
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name					1b Three-digit			
LOZIER HON	MES CORPORATION	V 401(K) RETIREMENT PLAN			plan numbe			
					(PN) <b>•</b>	001		
					1c Effective dat	e of plan 1/01/1993		
2a Plan er	nonsor's name (emple	oyer, if for a single-employer plan)				entification Number		
	· ·	om, apt., suite no. and street, or P.C	D. Box)			1-0841642		
		ce, country, and ZIP or foreign post	tal code (if foreign, see ins	tructions)	2c Sponsor's te	elephone number		
LUZIER HUN	MES CORPORATION	1				454-8690		
					2d Business co	de (see instructions)		
1300 114TH / BELLEVUE, \	AVENUE SE, STE 10 WA 98004	)0			2	36110		
DELEE VOE,	***************************************							
3a Plan ad	dministrator's name a	and address X Same as Plan Spor	nsor		<b>3b</b> Administrato	r's FIN		
ou manue		The decrees of earlier as I half open			January San			
		3c. /						
To reminerate of					<b>3c</b> Administrate	3 telephone number		
					JC Administrato	i s telephone number		
					JC Administrato	i a telephone number		
					30 Administrato	i s telephone number		
		ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	i s telephone number		
name,	, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	i s telephone number		
name, <b>a</b> Sponso	, EIN, and the plan nu or's name	ımber from the last return/report.	·		4b EIN 4c PN	·		
name, a Sponso 5a Total r	, EIN, and the plan nu or's name number of participants	umber from the last return/report. s at the beginning of the plan year			4b EIN 4c PN 5a	18		
name, <b>a</b> Sponso <b>5a</b> Total r <b>b</b> Total r	, EIN, and the plan nu or's name number of participants number of participants	s at the beginning of the plan years			4b EIN 4c PN 5a 5b	18 15		
name, a Sponso 5a Total r b Total r c Numbe	, EIN, and the plan nu or's name number of participants number of participants	umber from the last return/report. s at the beginning of the plan year			4b EIN 4c PN 5a	18		
name, a Sponso 5a Total r b Total r c Number complete	EIN, and the plan nurely or's name number of participants or of participants or of participants with lete this item)	s at the beginning of the plan years at the end of the plan yearaccount balances as of the end of	the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c	18 15		
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Total	EIN, and the plan number of participants on the plan participants on the participants with lete this item)	s at the beginning of the plan years at the end of the plan yeara account balances as of the end of	the plan year (only defined	d contribution plans	4b EIN  4c PN  5a  5b  5c  5d(1)	18 15 15		
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Total	EIN, and the plan number of participants or participants or participants or of participants with lete this item)	s at the beginning of the plan years at the end of the plan years account balances as of the end of articipants at the beginning of the plan year ticipants at the end of the pl	the plan year (only defined	d contribution plans	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)	18 15 15 11		
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name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A	EIN, and the plan number of participants or participants or participants with lete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the plan year t terminated employment during the	the plan year (only defined lan yearar e plan year with accrued be	d contribution plans enefits that were less	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established	18 15 15 11 11 0		
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than 1 Caution: A Under pena	EIN, and the plan number of participants or participants or participants with lete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (only defined and year	d contribution plans enefits that were less d unless reasonable cale examined this return/re	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established aport, including, if aport.	18 15 15 11 11 0 opplicable, a Schedule		
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name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under penal SB or Schee belief, it is t	EIN, and the plan number of participants of participants of participants of participants with the et this item)	s at the beginning of the plan year as at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the terminated employment during the or incomplete filing of this return ther penalties set forth in the instructional signed by an enrolled actuary, and signed by an enrolled actuary.	the plan year (only defined an year	enefits that were less d unless reasonable care examined this return/reportersion of this return/reportersion of this return/reportersion.	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established aport, including, if agent, and to the best of the	18 15 15 11 11 00 Deplicable, a Schedule f my knowledge and administrator		
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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						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					_	-	Пмо П	Not determi	ined
	rt III   Financial Information	iodidiloc p	orogram (see Errio/r se	300011 4	021).	····· _	100		140t determin	
7	Plan Assets and Liabilities		(a) Paginning	of Voor				(b) End of `	/oor	
_ <del>'</del> _a	Total plan assets	7a	(a) Beginning	167140					3365729	
_	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	4	167140	)				3365729	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	ı	
	Contributions received or receivable from:		(a) runoui					(2) 1014	•	
	(1) Employers	8a(1)		28448						
	(2) Participants	8a(2)		127226						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		262775						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							418449	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	209240						
	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		10620	)					
_ <u>'</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1219860	
$\frac{\cdots}{1}$	Net income (loss) (subtract line 8h from line 8c)	8i							-801411	
÷	Transfers to (from) the plan (see instructions)									
, Doi	rt IV Plan Characteristics	8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruct	ions:	
	2A 2E 2F 2G 2J 2T 3D 3H	Toutaro of	odeo irom the blet of the	arr oria	raotorn		, acc 111	tilo illoti dot		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruction	ons:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	A	mount	
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 Normal Program)	oluntary F	Fiduciary Correction	10a	X					5049
b	9 ,	t? (Do not	include transactions	10a		X				
	Was the plan covered by a fidelity bond?			10c	X				50	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her persor ne or all of	ns by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as 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 to 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	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		T		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	<sup>d</sup> [	Prior ye test	ear" ADP
			ΙП '	"Curre	ent year test	"	N/A	
16a 		testing 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 test	□ N/A
	for the	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part		t Identification Information	· · · · · · · · · · · · · · · · · · ·			
For calend	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/	
A		X a single-employer plan	a multiple-employer p			
A Inis re	turn/report is for:	a one-participant plan	a foreign plan	nployer information in a	ccordance with th	e form instructions.)
			a loreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
- 11110101	arri apore io	an amended return/report	봄	rn/report (less than 12 m	nonths)	
				in report (1000 than 12 h	_	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name	•				1b Three-digi	- 1
	Homes Corpor				plan numb	I
401(K)	Retirement P	lan			1c Effective of	001
					01/01/	-
2a Plans	ponsor's name (emp	loyer, if for a single-employer plan)		***		Identification Number
Mailing	g address (include ro	om, apt., suite no. and street, or P.C				-0841642
	t <b>own, state or provir</b> Homes Corpora	nce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Sponsor's	telephone number
LOZIEI .	nomes corpora	acton				54-8690
						code (see instructions)
1300 11	4th Avenue Sl	E, Ste 100			236110	
Bellevu	e		WA	98004		
		and address K Same as Plan Spor		, , , , , , , , , , , , , , , , , , , ,	<b>3b</b> Administra	tor's EIN
					3c Administra	tor's telephone number
4 If the r	name and/or EIN of ti	he plan sponsor has changed since	the last return/report filed t	or this plan, enter the	4b EIN	
	•	umber from the last return/report.			4	
a Spons	or's name				4c PN	
<b>5a</b> Total r	number of participant	s at the beginning of the plan year	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5a	18
		s at the end of the plan year			. 5b	15
		account balances as of the end of			5c	1.5
	•				E4/4\	15
		articipants at the beginning of the pl			5d(1)	11
		articipants at the end of the plan ye			5d(2)	11
		t terminated employment during the		nefits that were less	5e	0
		or incomplete filing of this return		unless reasonable ca	use is establishe	
Under pena	alties of perjury and o	other penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule
belief, it is t	edule MB completed a true, correct, and con	and signed by an enrolled actuary, a	is well as the electronic ve	rsion of this return/repor	rt, and to the best	of my knowledge and
SIGN	( feet &		2/2/2	Gary Sanford		
HERE	1		Data /			1 * * * * *
	Signature of plan	agministrator	Date	Enter name of individ	luai signing as pia	in administrator
SIGN HERE					<del></del>	
		oyer/plan sponsor	Date			ployer or plan sponsor
reparer's	name (including firm	name, if applicable) and address (in	clude room or suite number	er)	Preparer's telep	onone number
ı					ı	
						-

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- 11	а	ч	4	-41

6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)					*********	ΧY	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)						XY	es 📗 No
	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								П ы <u>-к</u> -а	
		isurance p	rogialii (see ERISA s	secuon 4	4021)?	······ [	res	Пио	☐ Not de	etermined
_	rt III Financial Information				Т					
7	Plan Assets and Liabilities		(a) Beginning		$\overline{}$			(b) End		
	Total plan assets	7a	4,	,167,	140				3,	365 <b>,</b> 729
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		167,	140				3,	365,729
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt	_			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		28,	448					
	(2) Participants	8a(2)		127,	226	_				
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		262,	775					11,24
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								418,449
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	209,	240					
е	Certain deemed and/or corrective distributions (see instructions)	8e							_	
f	Administrative service providers (salaries, fees, commissions)	8f		10,	620					
<u>g</u>	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1,2	219,860
_ i	Net income (loss) (subtract line 8h from line 8c)	8i								301,411
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 2A 2E 2F 2G 2J 2T 3D 3H	feature co	des from the List of P	lan Cha	racteri	istic C	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	ın Char	acteris	tic Co	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period						74110411	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duclary Correction		l					
b	Program)			10a	X	<u> </u>				5,049
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
С					Х	<u> </u>			ļ	500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	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.)	ner persons	by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan					Х		-		
g	Did the plan have any participant loans? (If "Yes," enter amount a									
_	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X				
ī	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10h		X				

Form		

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	complete	e Sch	nedule S	В		Yes X No
	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 Co	ode or s	ectio	n 302 o	f	$\Box$	Yes X No
	ERISA?(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 instgranting the waiver.	onth_	s, an	d enter t Day		of the lett Year	er ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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 length amount)	eft of a		12d			
0	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 N	lo
	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 broug control of the PBGC?	jht unde	r the			Yes [	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	fy the pl	lan(s)	) to			
1	3c(1) Name of plan(s):	13	3c(2) EIN(s)			13c(3	3) PN(s)
Part	VIII Trust Information						
14a I	Name of trust			14b T	rust's E	EIN	
14c	Name of trustee or custodian	_				s or custod ne number	lian's
Part	IX IRS Compliance Questions						
15a	ls the plan a 401(k) plan? If "No," skip b		⁄es		[	No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:			n-based arbor		"Prior ye test	ear" ADP
			Curre DP to	nt year" est		N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	🗌 🖪	Ratio perce est	ntage		verage enefit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	ПП	es/			No	
17a	for the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	ppinion I	etter	or advis	ory lett		e date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the individual section is an individual section of the individual section of the individual section is an individual section of the individual section	ter the d	late o	of the mo	ost rece	ent determi	nation
1	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 separ service?		om	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	