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**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer 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.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit HUBER'S CUSTOM BUILDING, INC. 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 42-1569699 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number HUBER'S CUSTOM BUILDING, INC. 206-940-6902 2d Business code (see instructions) 7069 NORTHEAST 161 STREET 236110 KENMORE, WA 98028 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year 5b 4 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 4 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 4 d(2) Total number of active participants at the end of the plan year.....

than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants that terminated employment during the plan year with accrued benefits that were less

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

<u>belief, it is t</u>	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	07/18/2017	MARK HUBER				
	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				
Preparer's	name (including firm name, if applicable) and address (include	Preparer's telephone number					

Form 5500-SF 2016 Page **2**

Part III Financial Information7 Plan Assets and Liabilities(a) Beginning of Year(b) End of Yeara Total plan assets7a12596812b Total plan liabilities7b0c Net plan assets (subtract line 7b from line 7a)7c125968128 Income, Expenses, and Transfers for this Plan Year(a) Amount(b) Totala Contributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)b Other income (loss)8b5910	5342 0
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No Not Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets. 7a 125968 12 b Total plan liabilities. 7b 0 C Net plan assets (subtract line 7b from line 7a). 7c 125968 12 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers. 8a(1) (2) Participants. 8a(2) (3) Others (including rollovers). 8a(3) b Other income (loss). 8b 5910 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8e f Administrative service providers (salaries, fees, commissions). 8f g Other expenses (add lines 8d, 8e, 8f, and 8g). 8h	r 5342 0
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Yea a Total plan assets	5342 0
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 5 Total plan liabilities 6 Net plan assets (subtract line 7b from line 7a) 7 C Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year 6 C Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year 8 C C Total income (are cived or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) 8 D Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 C C Ertain deemed and/or corrective distributions (see instructions) 8 D Other expenses 8 D Other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other expenses (add lines 8d, 8e, 8f, and 8g) 8 D Other other ex	5342 0
a Total plan assets	5342 0
b Total plan liabilities	
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	5342
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)	5910
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions) g Other expenses	
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	
g Other expenses 8g 906 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
	6536
	-626
Transfers to (form) the plan (assignment)	
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 instructions 2E 2F 2G 2J 3D	3:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	
Part V Compliance Questions	
10 During the plan year: Yes No N/A Amo a Was there a failure to transmit to the plan any participant contributions within the time period	unt
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?	
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.)	1207
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	

Form	5500	-SF	201	6

Page 3-	1
---------	---

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			
		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 se ERISA?											
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling			
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1					
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d						
		ne 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 X N	lo			
	If "Y€	s," 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 brougol 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	olan(s)) to						
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
Part	VIII	Trust Information									
14a	Name	of trust			14b ⁻	Trust's E	EIN				
14c	Name	of trustee or custodian				Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions									
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No				
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based "Prior year" ADP test						
				"Curre	ent year test	<u>"</u>	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:				entage	age Average N/A benefit test N/A						
	16b 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?					S 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 a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ 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 section 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

Lane.	r calendar plan year 2016 or f	fiscal plan year beginning	n 01/01/2016	and ending	12/31/201	<u> </u>					
		x a single-employer plan		plan (not multiemployer) (i							
Α	This return/report is for:	employer information in a	ccordance with the	form instructions.)							
B	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report								
_	· ·	an amended return/report	≝		months)						
		an amended returnieport	a snort plan year retu	ırn/report (less than 12 mo	ontns)						
С	Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram					
28:4E		special extension (enter desc	· · · · · · · · · · · · · · · · · · ·								
		formation enter all requested	I information		41						
la	Name of plan				1b Three-digit plan numbe	r					
	Huber's Custom Bul	ilding, Inc. 401(k) Prof	it Sharing Plan		(PN) ►	001					
			·		1c Effective date of plan 01/01/2013						
2a	Mailing Address (include ro	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.(ince, country, and ZIP or foreign pos	.O. Box)	ructions)	2b Employer Identification Number (EIN) 42-1569699						
	Huber's Custom Bui				2c Sponsor's telephone number						
					(206) 94						
	7069 Northeast 161	1 Street			2d Business co 236110	ode (see instructions)					
	US Kenmore WA 98028										
		and address X Same as Plan Sp	onsor		3b Administrator's EIN						
		•			,	// O L					
					3c Administrato	or's telephone number					
4	If the name and/or EIN of ti name, EIN, and the plan no	the plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN						
_a	Sponsor's name	<u> </u>			4c PN						
5a		ts at the beginning of the plan year			5a	4					
b		ts at the end of the plan year			5b	4					
С	Number of participants with complete this item)	h account balances as of the end of	the plan year (only defined	contribution plans	5c	4					
d(articipants at the beginning of the pla			5d(1)	4					
d(2) Total number of active pa	articipants at the end of the plan yea	ar	***************************************	5d(2)	4					
е	Number of participants that	at terminated employment during the	plan year with accrued ben	nefits that were	5e	0					
Ca		te or incomplete filing of this retur			reo le oetablished						
Un SB	nder penalties of perjury and o	other penalties set forth in the instruit and signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/rep	ort, including, if an	pplicable, a Schedule					
s	IGN MAN			MARK HUBER							
	ERE Signature of plan adu	Iministrator	Date 7-19-17	Enter name of individua		dministrator					
	1 \M\(c\d\)			MARK HUBER		JIIII II JII ALOI					
	IGN Signature of employe	/or/nlan:enoneor	Date 7-18-17	Enter name of individua							
		n name, if applicable) and address (ii	155/66 15 GW	er)	Preparer's telepho						
Sk	kip this question	Triality is approvately and addition to	Troides Footil of Saito Herriss	əi <i>)</i>	Skip this que						
						AN 100 (100 (100 (100 (100 (100 (100 (100					

	Form 5500-SF 2016		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		*********				XYes		
	inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									□No	
_	If you answered "No" to either line 6a or line 6b, the plan canno										
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA sectio	n 402	1)?	••••••	Yes	No.	Not d∈	termined	
P	irt III Financial Information				_						
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year		
<u>a</u>	Total plan assets	7a	12	25,9	68	<u> </u>	125,342				
_ b	Total plan liabilities	7b			0	<u> </u>	0				
C	Net plan assets (subtract line 7b from line 7a)	7с	12	25,9	68		125,342				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:		brown?!!	(A recovery)	(b) T	[[] otal		
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		5,9	10						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Park Mark	CONTRACTOR SERVICES	COLUMN TO STATE OF THE STATE OF	5.	910	
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d		5,6	30						
e f	Certain deemed and/or corrective distributions (see instructions)	8e	i			868				100 2 3 1 3 1 3 1 3	
	Administrative service providers (salaries, fees, commissions)	8f			0.6						
<u>g</u>	Other expenses (add lines 2d, 2e, 2f, and 2c)	8g		9	06					Control of the Control	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								536	
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		8i .						(6	26)	
Б	rt IV Plan Characteristics	8j	<u>. </u>			製練					
Cit and the	If the plan provides pension benefits, enter the applicable pension fe	atura and	on from the List of Dies Ch			0-4				·	
Ja	2E 2F 2G 2J 3D	ature cou	es from the List of Plan Cr	naracı	eristic	Code	es in the	e instructi	ons:		
h		1	- f (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1								
"	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic	Codes	in the	Instruction	ns:		
P	rt V Compliance Questions										
10	During the plan year:	 -			Yes	No	N/A		Amount		
a		ions within	the time period		100	110			Allount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol										
	Program)			10a		х					
b	Were there any nonexempt transactions with any party-in-interest?	' (Do not ir	nclude transactions								
	reported on line 10a.)			10b		X			 -		
d	· · · · · · · · · · · · · · · · · · ·			10c		Х					
u	by fraud or dishonesty?			10d		х					
е						-					
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e	x					1,207	
f				10f	<u> </u>	х			·	1,207	
g				10g		x					
— i	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR	1.09							
	2520.101-3.)	****************	***************************************	10h		х					
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	آير ا							
	exceptions to providing the notice applied under 29 OFR 2520,101	-0	***************************************	10i		l	機器能	115-1116-11			

. .

,

	Form 5500-SF 2016 Page 3 -		_					
Dar	†Wi Pension Funding Compliance		•					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete:	Cabo	dula C	ND.	1			
	(Form 5500 and line 11a below)	Sche	aule s		Yes	X No		
	a 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 se ERISA?	ction	302 o	f	. Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and	enter Da		of the letter ri	uling		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				rour			
b	Enter the minimum required contribution for this plan year.	. '	12b					
	Enter the amount contributed by the employer to the plan for the 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		
Par	Plan Terminations and Transfers of Assets			-				
13a	Has a resolution to terminate the plan been adopted in any plan year?	\Box		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 control of the PBGC?	the	ie Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s): 13c(2)	EIN	N(s) 13c(3) PN(s)					
Par	t VIII Trust Information - Skip These Questions							
Carrier Street	Name of trust	\top	14b 1	rust's E				
			1710	ilust s L	-114			
44.		1						
140	Name of trustee or custodian				or custodian's			
		telephone number						
Par	t IX IRS Compliance Questions - Skip These Questions							
	Is the plan a 401(k) plan? If "No," skip b.	Yes			☐ No			
15k	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Des	ign-ba	sed	"Prior	year" ADP		
	401(k)(3) for the plan year? Check all that apply:	safe	harbo	or	test test	•		
			rrent y ⊃ test	ear"	□ 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:	Rati perd test	centag	e 🔲	Average benefit test	□ N/A		
16k	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			
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion l	ətter	or adv	ison, la	ttor optor the	date of		

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

☐ Yes

Yes No

☐ No

and serial number

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

service?

Defined Benefit Plan or Money Purchase Pension Plan Only: