## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor 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

2017

This Form is Open to Public Inspection

Parti	Allilual Nepolt	identification information							
For calendar	plan year 2017 or fis	scal plan year beginning 01/01/2	2017	and ending 05	5/31/2017				
A This retur	n/report is for:	a single-employer plan	a multiple-employer plating em	an (not multiemployer) (F	_				
D = 1.1.	land and the	a one-participant plan	a foreign plan						
<b>B</b> This return	n/report is	the first return/report	X the final return/report						
		an amended return/report	X a short plan year retur	n/report (less than 12 mo	onths)				
C Check bo	x if filing under:	Form 5558	automatic extension	[	DFVC progra	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name of	plan				<b>1b</b> Three-digi	t			
	IREMENT PLAN				plan numb				
					(PN) <b>•</b>	001			
					1c Effective of	late of plan			
20.0					01. –	01/01/2016			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		(EIN)	Identification Number 46-2639349			
		e, country, and ZIP or foreign post		uctions)	· ,				
CALIBER REA	L ESTATE, LLC					telephone number 14-370-7700			
				<b>2d</b> Business of	code (see instructions)				
	AVE. N.E., SUITE 10	)1				531210			
BELLEVUE, WA 98005									
3a Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Administrator's EIN				
Ja Flall auli	iiiistrator s name ar	iu address 📉 Same las Flam Spo	11501.		3D Administra	IOI S LIIV			
					<b>3c</b> Administra	ator's telephone number			
4 If the nar	ma and/or FINI of the	nlan anangar or the plan name h	as shanged since the last r	aturn/report filed for	<b>4b</b> EIN				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4D EIN				
<b>a</b> Sponsor	's name				4d PN				
C Plan Nar	ne								
<b>5a</b> Total nu	mber of participants	at the beginning of the plan year.			5a	3			
		at the end of the plan year			5b	0			
<b>C</b> Number	of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	5c	0			
•	,	rticipants at the beginning of the p		<u> </u>	5d(1)	0			
d(2) Total	number of active pa	rticipants at the end of the plan ye	ar		5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0				
Caution: A p	enalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is establishe	ed.			
SB or Schedu		her penalties set forth in the instrund signed by an enrolled actuary, ablete.							
0.0.0	iled with authorized/	valid electronic signature.	01/16/2018	JILLIAN MORELL					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as em	nployer or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)			·····		X Yes No
_	If you answered "No" to either line 6a or line 6b, the plan cannot					_	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in		= '					Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	е РВСС р	remium filing for this pi	ian yea	г			(See instructions.)
Pa	rt III Financial Information				T			
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	d of Year
a	Total plan assets	7a	10	03853				0
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	10	03853				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а 	Contributions received or receivable from:  (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>      b                              </u>	Other income (loss)	8b		5440				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5440
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	09293				
<u>e</u>	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						109293
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-103853
	Transfers to (from) the plan (see instructions)	8j						
_	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	es in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	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)			10a		Χ		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С				10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		
e	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.)	e or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g		-	·	10g		Χ		
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 2520.101			10i				
				-				

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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 complete Scho (Form 5500) and line 11a below)	edule S	В	Y	es No
11a	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 section ERISA?	1 302 of		Y	es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter Year	ruling
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 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 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
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X 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 brought under the control of the PBGC?			X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## - 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 Report	t Identification Information		out a control of the control of the	0000-37.				
	endar plan year 2016 or f	fiscal plan year beginning 01/01/2017		and ending 0	5/31/2017				
			a multiple-employer	plan (not multiemployer	r) (Filers checking	this box must attach a			
A ins	s return/report is for:	a one-participant plan	list of participating a foreign plan	employer information in	accordance with	the form instructions.)			
B This	return/report is	the first return/report	X the final return/repo	eport					
		an amended return/report	X a short plan year ret	turn/report (less than 12	months)				
<b>C</b> Che	ck box if filing under:	Form 5558	automatic extension	ו	DFVC prog	ram			
Part I	I Basic Plan Info	special extension (enter descript							
	ne of plan	enter all requested infon	mation		14h =:				
	RETIREMENT PLAN				1b Three-di plan nun				
					(PN)				
2a Plan	a spansor's name (ample)	yer, if for a single-employer plan)			1c Effective 01/01/20	016			
Mai	ling address (include roon	n, apt., suite no, and street, or P.O. R	iox)	- d	2b Employe (EIN) 46-	r Identification Number -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 telephone number (844) 370-7700				
2375 - 130	OTH AVE. N.E., SUITE 10	11				code (see instructions)			
	E, WA 98005	•			531210				
		d address K Same as Plan Sponsor			<del> </del>				
Our Tight	administrator s name and	address Ki Same as Plan Sponsor	,		3b Administr	ator's EIN			
				3c Administrator's telephone number					
						,			
**					-				
4 If the	name and/or FIN of the	plan sponsor has changed since the	lack setum (see est 61 - d	5					
nam	e, EIN, and the plan num	ber from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN				
	<del></del>	Albahanin			4c PN				
		t the beginning of the plan year				3			
C Num	ber of participants a	t the end of the plan yearccount balances as of the end of the p	olan year (only defines	Looptribution plans	. 5b	0			
com	olete this item)				5c	0			
a(1) To	tal number of active partic	cipants at the beginning of the plan ye	ear		5d(1)	0			
C(2) To	tal number of active parti-	cipants at the end of the plan year			5d(2)	0			
than	100% vested	rminated employment during the plar			5e	0			
under ber	laities of periury and othe	incomplete filing of this return/rep	: I declare that I have	ovaminad this return/					
00 0. 00	edule MB completed and true, correct, and comple	signed by an emoneu actuary, as we	Il as the electronic ve	rsion of this return/repon	t, and to the best	applicable, a Schedule of my knowledge and			
SIGN HERE	x gellemelle	<del></del>	11/10/2018	x Illian Mi	all				
	Signature of plan adn	ninistrator	Date	Enter name of individu	ual signing as pla	n administrator			
SIGN HERE	*1								
	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor			
i icpaici s	mame (modding inm marr	ne, if applicable) and address (include	e room or suite numbe	r)	Preparer's telep	hone number			
		2							
				1					
or Paner	ork Paduation Ast Notice -	too the Instructions for Form Fron CF							

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Р	้ลด	e	2

•	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	of an indepe y and condi nnot use Fo	ndent qualified public tions.) orm 5500-SF and mu	c accou	ntant (	IQPA)	5500	
	If the plan is a defined benefit plan, is it covered under the PBGC art III Financial Information	insurance p	orogram (see ERISA	section	4021)	?	Yes	No Not determined
	Plan Assets and Liabilities					Γ		
	Total plan assets	7-	(a) Beginning	of Yea 103		<del> </del>		(b) End of Year
	Total plan liabilities		1	103	003			0
	Net plan assets (subtract line 7b from line 7a)			103	052			
8	Income, Expenses, and Transfers for this Plan Year	70	(2) A		000			0
а	Contributions received or receivable from:	<del>                                     </del>	(a) Amou	int			3-0-8	(b) Total
	(1) Employers	8a(1)						
	(2) Participants	. 8a(2)				- Tink	21.00	CARLOW IN DER
	(3) Others (including rollovers)	. 8a(3)				الرك)	XF all av	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	8b		54	140	EM		STREET STATES
<u>C</u>	(	8c		3 43	LE.			5440
d	Benefits paid (including direct rollovers and insurance premiums			4000	,,	П		WELL TO SE
е	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d		1092	.93		5.101	gest Beyer's A
	Administrative service providers (salaries, fees, commissions)	8e			-+			the service time in a SAY
q	Other expenses	8f						
<del></del> h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			200	200		
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8h			-			109293
	Transfers to (from) the plan (see instructions)	8i						-103853
Par	t IV Plan Characteristics	8j						
		ft	6 11 11 1 6					
- Ou	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	reature cod	es from the List of Pi	an Cha	racteri	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acterist	ic Cod	des in th	ne instructions:
Par	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
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 Vo Program)	oluntary Fid	uciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c		Х	s.effer	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bond	, that was caused	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons be	y an insurance	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	?		10f	_	X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	1.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instructi	ons and 29 CFR	10h	7	х		
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-	required n	otice or one of the	10i				

Form 5500-SF 2016	Form	5500-SF	2016
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Part VI Pension Funding Compliance					<del></del>		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d compl	ete Sci	hedule S	В		Yes [	No
11a 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 o	cectio	n 302 o	f	T	·	
ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			••••••	•••••	Ц	Yes X	∮ No
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	ns, an	d enter		of the let Year		3
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.	_		<u>' ———</u>	1 ear		
<b>b</b> Enter the minimum required contribution for this plan year			12b				
C 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 left of a negative amount)					·		
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					<u> </u>	<u> Ш. ""</u>	<u>`</u>
13a Has a resolution to terminate the plan been adopted in any plan year?				X Yes	, ,		
if "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		, [] <sub>[</sub>	o <i>l</i>	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou-			13a		<del></del>	0	
control of the PBGC?					X Yes [	No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the	olan(s)	to				
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(	3) PN(s)	
.5	_				<u> </u>	· · · ·	
				·			
Part VIII Trust Information					-		
14a Name of trust			441 =				
THE NAME OF BEEN			14b ⊤ı	rust's E	IN		
14c Name of trustee or custodian	•				or custod e number	ian's	
Part IX IRS Compliance Questions		l.					
15a is the plan a 401(k) plan? If "No," skip b		Yes					
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:	۽ لـال	afe ha			"Prior ye test	ar" ADF	· -
		Currer NDP te	nt year" st		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:		Ratio percer			erage nefit test		—— 'A
16h Did the plan satisfy the severage and and in the line in the l		test				- 	
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?		⁄es		Г	No		
1/a 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							
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	iter the	date of	the mos	t recen	t determin	ation	
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 sepa service?	rated fro	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		