## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annuai Repor	t identification information	n						
For calenda	r plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	2/31/2014				
A This retu	ırn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accor	-				
		a one-participant plan	a foreign plan						
<b>B</b> This return/report is		the first return/report	the final return/report						
		nonths)							
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC pr	rogram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name o	of plan	CES, LLC RETIREMENT TRUST			1b Three-digit plan number				
					(PN) 1C Effective da				
		ddress; include room or suite num	ber (employer, if for a singl	e-employer plan)	<u> </u>	1/01/2010 dentification Number			
CONSTRUCT	ION LOAN SERVIC	SES, LLC			(=::-)	6-4169682			
	S., SUITE 650					elephone number 6-267-2650			
SEATTLE, WA	A 98104					ode (see instructions) 22294			
3a Plan ad	ministrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrate	or's EIN			
		he plan sponsor has changed sincounter from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Sponso					4c PN				
<b>5a</b> Total no	umber of participant	s at the beginning of the plan year			5a	5			
<b>b</b> Total no	umber of participant	s at the end of the plan year			5b	6			
		account balances as of the end o	f the plan year (defined be	•	5c	6			
<b>d(1)</b> Tota	I number of active p	articipants at the beginning of the	olan year		5d(1)	5			
<b>d(2)</b> Tota	I number of active p	articipants at the end of the plan y	ear		5d(2)	6			
<b>e</b> Number	of participants that	terminated employment during the	plan year with accrued be	nefits that were	5e	(			
		or incomplete filing of this retu			usa is astablished	<u> </u>			
Under penal SB or Sched	Ities of perjury and	other penalties set forth in the instruand signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/re	port, including, if a	oplicable, a Schedule			
		d/valid electronic signature.	07/28/2015	VINEET WAHI					
HERE					f individual signing as plan administrator				
SIGN	•								
HERE		loyer/plan sponsor	Date			oloyer or plan sponsor			
Preparer's n	ame (including firm	name, if applicable) and address (	include room or suite numb	oer) (optional)	Preparer's teleph	none number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.		П	X Ye	es	No No
Par			9 (0 =	, .		1		<u> </u>			
			(a) Denimina of Vec	_			/L\ F		V		
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) E	na or	Year	0421	
	Total plan assets	7a	1908	710	-				330	0421	
	Fotal plan liabilities	7b	1909	16					350	0421	
	Net plan assets (subtract line 7b from line 7a)	7c		710				\ <b>-</b> .		0721	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(E	) Tot	al		
	Contributions received or receivable from:  (1) Employers	8a(1)	797	'66							
	2) Participants	8a(2)	639	72							
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	157	67							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							159	9505	
	Benefits paid (including direct rollovers and insurance premiums	- 55									
	o provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u> .	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							159	9505	
j	Fransfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics				•						
b Part	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Coc	les in t	he instr	uction	ıs:		
10	During the plan year:				Yes	No		Α	moun	t	
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					5	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Х					
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Ye	es	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA	?	Ye	es ×	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day			letter ear	rulin	g 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

		t Identification Information							
For calend	dar plan year 2014 or t	fiscal plan year beginning	01/01/2014	and ending		1/2014			
A This return/report is for:          □ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions)         □ a one-participant plan          □ a one-participant plan       □ a foreign plan									
B This ret	turn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	automatic extension		DFV	C program			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name of plan Construction Loan Services, LLC Retirement Trust						ligit mber 001			
						e date of plan			
	ponsor's name and ac UCTION LOAN S	ddress; include room or suite numb ERVICES, LLC	per (employer, if for a single	-employer plan)		er Identification Number 6-4169682			
		TT 650				r's telephone number			
505 5T	H AVE S., SUI	TE 650				167-2650			
SEATTL	F.	WA 98104			52229	s code (see instructions)			
		and address XSame as Plan Spon	sor.		3b Administrator's EIN				
					3c Administrator's telephone number				
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
	e, EIN, and the plan nu or's name	ımber from the last return/report.			4c PN				
5a Total number of participants at the beginning of the plan year									
						5			
b Total i	number of participants	s at the end of the plan year				5 6			
b Total i	number of participants per of participants with ete this item)	s at the end of the plan yearaccount balances as of the end of	the plan year (defined bene	efit plans do not					
b Total i	number of participants per of participants with ete this item)	s at the end of the plan year	the plan year (defined bene	efit plans do not	5b	6			
b Total in C Numb completed (1) Total	number of participants of participants with ete this item)al number of active pa	s at the end of the plan yearaccount balances as of the end of	the plan year (defined bene	efit plans do not	5b 5c	6			
b Total of C Number completed (1) Total of C (2) Total e Number completed (2) Total complete (2) Total compl	number of participants with ete this item)	account balances as of the end of	the plan year (defined bene lan yeararararar wear with accrued bene	efit plans do not	5b 5c 5d(1)	6 6 5			
b Total in C Numb completed (1) Total d(2) Total d(2) Total e Number less the Caution: A	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filling of this return	the plan year (defined bene lan yearararplan year with accrued bene	efit plans do not  efits that were  unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is establisi	6 6 5 6 0 hed.			
b Total in C Number completed (1) Total in C Number less the Caution: A Under pension SB or Sche	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, and signed by an enrolled actuary,	the plan year (defined beneat lan yearar	efit plans do not  efits that were  unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is establisher, including,	6 6 5 6 0 hed. if applicable, a Schedule			
b Total in C Number completed (1) Total in C Number less the Caution: A Under pension SB or Sche	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, and signed by an enrolled actuary,	the plan year (defined beneat lan yearar	efit plans do not  efits that were  unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is establisher, including,	6 6 5 6 0 hed. if applicable, a Schedule			
b Total in C Numb completed (1) Total in C Number less the C C Number less the Number less the C Number less the	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan yeerminated employment during the correct the penalties set forth in the instruent signed by an enrolled actuary, applete.	the plan year (defined beneat an year	efit plans do not  efits that were  unless reasonable ca examined this return/resion of this return/repor	5b 5c 5d(1) 5d(2) 5e use is establisher, including, it, and to the best	6 6 5 6 0 hed. if applicable, a Schedule st of my knowledge and			
b Total in C Number completed (1) Total in d(2) Total in d(2) Total e Number less the Caution: A Under pension SB or Schebellef, it is SIGN	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan yeerminated employment during the correct the penalties set forth in the instruent signed by an enrolled actuary, applete.	the plan year (defined beneather the plan year (defined beneather the plan year with accrued beneather the plan year will be assessed ctions, I declare that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable ca examined this return/re sion of this return/repor	5b 5c 5d(1) 5d(2) 5e use is establisher, including, it, and to the best	6 6 5 6 0 hed. if applicable, a Schedule st of my knowledge and			
b Total in C Number completed (1) Total in d(2) Total in d(2) Total e Number less the Caution: A Under penas B or Schebellef, it is SIGN HERE	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, suplete.	the plan year (defined beneat an year	efit plans do not  efits that were  unless reasonable ca examined this return/reson of this return/repor  VINEET WAHI  Enter name of individent of the plant of t	5b 5c 5d(1) 5d(2) 5e use is establisherort, including, it, and to the bed	6 6 6 6 0 hed. if applicable, a Schedule st of my knowledge and blan administrator			
b Total in C Number completed (1) Total in d(2) Total in d(2) Total e Number less the Caution: A Under penas B or Schebellef, it is SIGN HERE	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan ye erminated employment during the corincomplete filing of this returning the penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined beneat an year	efit plans do not  efits that were  unless reasonable ca examined this return/reson of this return/repor  VINEET WAHI  Enter name of individent of the plant of t	5b 5c 5d(1) 5d(2) 5e use is establisherort, including, it, and to the bed	6 6 6 0 hed. if applicable, a Schedule st of my knowledge and			
b Total in C Number completed (1) Total in d(2) Total in d(2) Total e Number less the Caution: A Under penas B or Schebellef, it is SIGN HERE	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, suplete.	the plan year (defined beneat an year	efit plans do not  efits that were  unless reasonable ca examined this return/reson of this return/repor  VINEET WAHI  Enter name of individent of the plant of t	5b 5c 5d(1) 5d(2) 5e use is establisherort, including, it, and to the bed	6 6 6 6 0 hed. if applicable, a Schedule st of my knowledge and blan administrator			
b Total in C Number completed (1) Total in d(2) Total in d(2) Total e Number less the Caution: A Under penas B or Schebellef, it is SIGN HERE	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, suplete.	the plan year (defined beneat an year	efit plans do not  efits that were  unless reasonable ca examined this return/reson of this return/repor  VINEET WAHI  Enter name of individent of the plant of t	5b 5c 5d(1) 5d(2) 5e use is establisherort, including, it, and to the bed	6 6 6 6 0 hed. if applicable, a Schedule st of my knowledge and blan administrator			
b Total in C Number completed (1) Total in d(2) Total in d(2) Total e Number less the Caution: A Under penas B or Schebellef, it is SIGN HERE	number of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, suplete.	the plan year (defined beneat an year	efit plans do not  efits that were  unless reasonable ca examined this return/reson of this return/repor  VINEET WAHI  Enter name of individent of the plant of t	5b 5c 5d(1) 5d(2) 5e use is establisherort, including, it, and to the bed	6 6 6 6 0 hed. if applicable, a Schedule st of my knowledge and blan administrator			

_		9
Pag	ıe	_

b	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 independ and conditio ot use Forn	ent qualified public accountains.)ns.)ms.5500-SF and must instea	int (IQ  <b>d use</b>	PA) Form	5500.	X Yes No
January 1980	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) End of Year
	Total plan assets	7a		9091	.6		350421
<u>a</u> b	Total plan liabilities	7b			$\top$		
	Net plan assets (subtract line 7b from line 7a)	76 7c	1:	9091	.6	X	350421
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		$\top$		(b) Total
a	Contributions received or receivable from:	408045000000000000000000000000000000000	(a) Amount				(b) i deal
u	(1) Employers	8a(1)		7976	6		
	(2) Participants	8a(2)	(	5397	2		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		1576	7		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					159505
- Contraction -	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g		No. and the second			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i				ente de la constant de	159505
j	Transfers to (from) the plan (see instructions)	8j					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:
Par						NI.	
10	During the plan year:	11 1	to a time a manical alabanih a di in		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correc	ction Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	50000
C				10c	X		50000
d	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefi	its under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
9				10g		X	
h	2520.101-3.)			10h		X	
# E	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 required r 1-3	notice or one of the	10i			
Pari							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	lule SE	3 (Form Yes No
11a						11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code			302 of	ERISA? Yes X No
2		ng amortized	l in this plan year, see instru	ctions,	and e	enter th	
	granting the waiver.			t, r t		Juy	

	Form 5500-SF 2014	Page 3 -					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip t	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 negative amount)			12d			
е	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?			_ Y	′es X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferror of the PBGC?			control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s)	, identify the plan(s)	to			
,	3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust			<b>14</b> b Tr	ust's EIN		