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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I 📕 Annual Repo	ort identification information								
For	calendar plan year 2015 or	r fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015						
Α	This return/report is for:	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 foreign plan							
Вп	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)						
С	Check box if filing under:	X Form 5558	automatic extension	Г	DFVC progr	ram				
		special extension (enter desci	ription)	_						
Pa	art II Basic Plan In	nformation—enter all requested in								
1a	Name of plan	/ICES, LLC RETIREMENT TRUST		pla	ree-digit an number N)	001				
				1c Ef	fective date of 01/0	f plan 1/2010				
2a	Mailing address (include re	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.C		2b En (El		ployer Identification Number N) 26-4169682				
CONS	STRUCTION LOAN SERVI	tal code (if foreign, see instructions)	2c Sponsor's telephone number 206-267-2650							
505 5 SEAT	TH AVE S., SUITE 650 TLE, WA 98104			2d Bu	siness code (see instructions)				
3a	Plan administrator's name	and address XSame as Plan Spons	SOT.		ministrator's I	elephone number				
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EI	N					
а	Sponsor's name			4c PN	١					
5a	Total number of participar	nts at the beginning of the plan year		5a		6				
b	Total number of participar	nts at the end of the plan year		5b		12				
С		the plan year (defined benefit plans do not	5c 12							
d	(1) Total number of active	participants at the beginning of the pl	lan year	5d(1)		6				
d	(2) Total number of active	participants at the end of the plan ye	ar	5d(2)		9				
е	Number of participants the than 100% vested	nat terminated employment during the	e plan year with accrued benefits that were less	5e		0				
			n/report will be assessed unless reasonable cau							
		•	ctions, I declare that I have examined this return/repas well as the electronic version of this return/report	, ,	0, 11	*				

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. SIGN 07/12/2016 **CURT ALTIG HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)		_	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No No	t determined
Part III Financial Information	, ,							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Y	ear
a Total plan assets	7a		350)421				510562
b Total plan liabilities	7b		250	1404				F10FC2
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A)421			(b) Total	510562
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total	
(1) Employers	8a(1)		77	7064				
(2) Participants	8a(2)		75	917				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		7	'160				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							160141
d 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							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i Net income (loss) (subtract line 8h from line 8c)	8i							160141
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instruction	S:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Am	nount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?				X				50000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				50000
by fraud or dishonesty?			10d		X			
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.)	ne or all of t	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the plan					X			
· · · · · · · · · · · · · · · · · · ·			10f		-			
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
·	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							
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance				•	-			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	le or se	ction (302 of EF	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	d Trustee's or custodian's				
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method				
15c	for the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit t			0		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

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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

2015

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	ar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending		1/2015			
A This re	turn/report is for:	X a single-employer plan	ng this box must attach a the form instructions)						
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report							
		months)							
C Check	box if filing under:	DF	VC program						
		special extension (enter descri	, ,						
Part II		ormation—enter all requested info	ormation		41				
1a Name Constru	ofplan iction Loan Se		1b Three-oplan nu (PN)	mber 001					
					1c Effectiv	e date of plan 1/2010			
		yer, if for a single-employer plan)	David		2b Employ	er Identification Number			
		m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		ructions)	······································	26-4169682			
	RUCTION LOAN S			•	1	or's telephone number 267-2650			
505 51	TH AVE S., SUI	TE 650			2d Busines 52229	ss code (see instructions) 94			
SEATTI	Œ	WA 98104							
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or.		3b Administrator's EIN				
					3c Administrator's telephone number				
					, tanimotrator o telepriorio maniber				
		e plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN				
	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	6			
b Total r	number of participants	at the end of the plan year			5b	12			
		account balances as of the end of the			5c	12			
d(1) Tota	al number of active par	rticipants at the beginning of the pla	ın year		5d(1)	6			
		rticipants at the end of the plan year			5d(2)	9			
e Numb	er of participants that	terminated employment during the p	plan year with accrued be	nefits that were less	5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return/	report will be assessed	unless reasonable ca					
SB or Sche	atties of perjury and off dule MB completed ar rue, correct, and comp	ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	tions, I declare that I have s well as the electronic ver	examined this return/re rsion of this return/repor	port, including, t, and to the be	if applicable, a Schedule est of my knowledge and			
SIGN			7/12/16	CURT ALTIG					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	plan administrator			
SIGN HERE			7/12/16	CURT ALTIG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon									
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number									

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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	an indepe and condi	ndent qualified public ations.)	account	ant (IC	(PA)			X Ye		
	f the plan is a defined benefit plan, is it covered under the PBGC ir							No [Not dete	rmined	
Part	t III Financial Information										
7 F	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	l of Year		
a 1	Fotal plan assets	. 7a			0,42	1	510,5				
b 1	Total plan liabilities		7b								
C N	Net plan assets (subtract line 7b from line 7a)	7c		350,421			510,5				
	ncome, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(þ)	Total		
	Contributions received or receivable from: 1) Employers	8a(1)		7	7,06	4					
(2) Participants	8a(2)		7	5,91	.7					
(3) Others (including rollovers)	8a(3)									
b <	Other income (loss)	8b			7,16	0					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	60,141	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d									
e 0	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u> A	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u> N	let income (loss) (subtract line 8h from line 8c)	8i							16	60,141	
jΤ	ransfers to (from) the plan (see instructions)	8j									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F			****							
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	oluntary F	iduciary Correction	10a		х					
	reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					50,00	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	:	Х					
	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		Х					
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ictions and 29 CFR	10g 10h		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	e required	f notice or one of the	10ii							
	Did the plan trust incur unrelated business taxable income?			10j							
Part \	/I Pension Funding Compliance						•				
11	ls this a defined benefit plan subject to minimum funding requirements (5500) and line 11a below)	ents? (If "\	Yes," see instructions a	and con	nplete	Sched	ule SB	(Form	Yes	i No	
	Enter the unpaid minimum required contribution for all years from									-	

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

Yes X No

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-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
granting the waiver								
	Enter the minimum required contribution for this plan year		12b		2			
			12c					
d	Enter the amount contributed by the employer to the plan for this plan year	left of a						
	negative amount)		12d					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛛 No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?				Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
			7,0					
Part	VIII Trust Information							
	Name of trust		446 =					
iva	value of trust		14b T	rust's Ell	N			
14c	Name of trustee or custodian		14d	d Trustee's or custodian's				
			t	telephone number				
Part	IX IRS Compliance Questions							
					——————————————————————————————————————			
	Is the plan a 401(k) plan?		∐ Yes					
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	d employer		sign- sed safe	∏ ADF	P/ACP		
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			rbor test				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "co	urrent year	☐ Yes		Пио			
	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	ш		□140			
			☐ Rai	tio	П Аус	rage		
Iba	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	□ per tes	centage		efit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		No			
	Has the plan been timely amended for all required tax law changes?		Yes		 ☐ No	N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes),	Enter the a	pplicabl	e code _	(See in	nstructions		
17c	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial n	n that is subject	to a fav	orable IF	S opinion	or		
17d	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	nter the date of t	he plan'	s last fav	orable			
18	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been	Yes		No			
	Vere in-service distributions made during the plan year?	isiaiius) r	Yes		No			
	f "Yes," enter amount		19		<u></u>			
20 \	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh	ether or not	Yes		∏No	□N/A		
	etired), as required under section 401(a)(9)?		ш		ш	□,		