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

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	l									
For calend	dar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017							
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	-							
		a one-participant plan	a foreign plan									
B This ret	turn/report is	the first return/report	the final return/repor	t	ace than 12 months)							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)							
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program							
		special extension (enter descri	ription)									
Part II	Basic Plan Inf	ormation—enter all requested in	formation									
1a Name CONSTRUC	•	CES, LLC RETIREMENT TRUST			1b Three-digi plan numb (PN) ▶							
					1c Effective of	late of plan 01/01/2010						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Boy)			Identification Number						
City o	r town, state or provin	ice, country, and ZIP or foreign post		structions)	(EIN) 2c Sponsor's	26-4169682 telephone number						
CONSTRUC	CTION LOAN SERVIC	CES, LLC			20	06-267-2650						
505 5TH AV	'E S., SUITE 650				2d Business of	code (see instructions)						
SEATTLE, V						522294						
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	itor's EIN						
		_			3c Administra	itar'a talanhana numbar						
					SC Administra	tor's telephone number						
4 If the	name and/or FIN of th	ne plan sponsor or the plan name h	as changed since the last	t return/report filed for	4b EIN							
this p	olan, enter the plan sp	onsor's name, EIN, the plan name a										
a Spons C Plan I	sor's name Name				4d PN							
		s at the beginning of the plan year			5a	16						
		s at the end of the plan year a account balances as of the end of			5b	19						
		account balances as of the end of			5c	19						
d(1) To	tal number of active p	articipants at the beginning of the pl	lan year		5d(1)	16						
		articipants at the end of the plan ye			. 5d(2) 19							
than	100% vested	o terminated employment during the			5e	0						
		or incomplete filing of this return										
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, a nolete.										
SIGN		d/valid electronic signature.	06/13/2018	CURT ALTIG								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator						
SIGN												
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	ual signing as em	nplover or plan sponsor						

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								Yes No
c	If the plan is a defined benefit plan, is it covered under the PBGC in							n □ Not	determined
Ū	If "Yes" is checked, enter the My PAA confirmation number from the					_			nstructions.)
Do									•
Pal	rt III Financial Information		(a) De utuata a	- ()/			(L) E		
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning	of Year 08305			(D) E	nd of Year 10022	
<u>a</u> b	Total plan assets	7a 7b	O	00303				10022	293
	Net plan assets (subtract line 7b from line 7a)	7c	8	08305				10022	295
	Income, Expenses, and Transfers for this Plan Year	1	(a) Amour				(h) Total	
	Contributions received or receivable from:		(a) runour	••				, rotai	
	(1) Employers	. 8a(1)	1	16796					
	(2) Participants	. 8a(2)	1:	57373					
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b	1	71784					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4459	953
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2	251728					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		235					
	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				251963			963
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					193990		
<u>j</u>	Transfers to (from) the plan (see instructions)	- 8j							
Par	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic C	odes in the i	nstructions	: :
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	t
а	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 F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
<u>_</u>	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X				5089
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 2520.10			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 Sch (Form 5500) and line 11a below)		В	. Y	es No			
11a	11a 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 Code or section ERISA?	n 302 of			es X No			
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 y	you 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						
C Enter the amount contributed by the employer to the plan for this plan year								
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)								
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?		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 the control 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), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) 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.

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part	Annual Report	Identification Information						
For calendar	plan year 2017 or fis	scal plan year beginning 0	1/01/2017	and ending	12/31/2	017		
A This retur	n/report is for:	X a single-employer plan		lan (not multiemployer) (nployer information in ac				
B This return	alropod is	a one-participant plan	a foreign plan					
L Instalan	mehouria		the final return/report	um fann mak flann Alema dett viva				
C Charleba	or If filling renders		- · · · · · · - · · · · · · · · · · · ·	n/report (less than 12 m	_			
C Check bo	x if filing under:	Form 5558	」 automatic extension		DFVC program	1		
Part II	Rasic Plan Info	rmation—enter all requested inform						
1a Name of		Thaton—enter all requested fillon	Hallott		1b Three-digit			
	Construction Loan Services, LLC Retirement Trust					er 001		
					1c Effective da 01/01/20			
Malling a	iddress (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. E			2b Employer to (EIN) 26 -	lentification Number		
	own, state of province CTION LOAN SE	e, country, and ZIP or foreign postal of ERVICES, LLC	code (if foreign, see Inst	ructions)	2c Spansor's	elephone number		
505 5TH	AVE S., SUIT	E 650			206-267-2650 2d Business code (see instructions)			
SEATTLE		WA 98104			522294			
	ninistrator's name an	id address X Same as Plan Sponso	r		3b Administrat	nre EIN		
					3c Administrat	or's telephone number		
4 If the nar	me and/or EIN of the i, enter the plan spor	plan sponsor or the plan name has one plan sponsor or the plan name has one plan name and	changed since the last r the plan number from t	etum/report filed for he last return/report.	4b EIN			
a Sponsor c Plan Nar					4d PN			
5a Total nu	mber of participants	at the beginning of the plan year	***************************************	***************************************	5a	16		
b Total nur	mber of participants	at the end of the plan year	***************************	*************************	5b	19		
C Number complete	of participants with a this item)	account balances as of the end of the	plan year (only defined	contribution plans	5c	19		
		ticipants at the beginning of the plan			5d(1)	16		
		ticipants at the end of the plan year.			5d(2)	1.9		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0			
Under penalti SB or Schedu	es of perjury and oil	ner penakies set forth in the instruction of signed by an enrolled actuary, as v	пs. I declare that I have	examined this return/rea	port, including, if a	policable, a Schedule		
SIGN	1/	21	06/13/2018	CURT ALTIG				
HERE	Signature of plan ac	iministrator	Date	Enter name of Individu	ual signing as plar	administrator		
BIGH HERE	/ V.	<u> </u>	06/13/2018	CURT ALTIG				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons					loyer or plan sponsor			

For	m 55	00-S	F 2017

P	ac	le	2

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condi not use Fo nsurance (indent qualified public of itions.)	account it Inster ection 4	ant (IC ad use 021)?	PA) Forn	X Yes No 1 Not determined	
ិ២ត	till Financial Information							
7	Plan Assets and Liabilities	NECESSES	/-\ P!!	-11/			11. F. J. J. V	
		1 11114 (1.4.4 e)	(a) Beginning	808,			(b) End of Year 1,002,295	
	Total plan assets	7a 7b		000,	303	·	1,002,295	
	Net plan assets (subtract line 7b from line 7a)		· · · · · · · · · · · · · · · · · · ·	808,	305		1,002,295	
8	Income, Expenses, and Transfers for this Plan Year	76	/-> 4					
	Contributions received or receivable from:	e garant de transce	(a) Amour	11		THE VEHICLE	(b) Total	
	(1) Employers	8a(1)		116,	796			
	(2) Participants	8a(2)		157,	373			
	(3) Others (including rollovers)	8a(3)					g de la seconomico de la composición d	
b	Other income (loss)	8b		171,	784			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			erig:		445,953	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		251,	728	3		
е	Certain deemed and/or corrective distributions (see instructions)	80						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			235			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				251,96		
i	Net income (loss) (subtract line 8h from line 8c)	81				193,99		
j	Transfers to (from) the plan (see instructions)	8)						
9a b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	~						
Par					1		T	
10	During the plan year:	طالحان مسمالا	- Ab - Al	I	Yes	No	Amount	
u	Was there a fallure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	/oluntary I	Fiduciary Correction	10a	:	х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	l? (Do not	include transactions	10b		х		
¢	Was the plan covered by a fidelity bond?	**********	***************************************	10c	х		100,000	
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
g				10g	х		5,089	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)		***************	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 2520.10			101				

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V-1-1							
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	В	. D 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 CERISA?	Code or section	n 302 o	f	, D Y	'es 🗓 No	
	(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						
115	ou 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				
C	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	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?				No	N/A	
Part \	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	0	
	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 brou- control of the PBGC?	ght under the			Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See Instructions.)	lify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
						_	