## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2018

This Form is Open to Public Inspection

Part I		: Identification Information				
For calen	dar plan year 2018 or fi	iscal plan year beginning 01/01/			2/31/2018	
A This re	eturn/report is for:	X a single-employer plan	<b></b>	plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			
<b>B</b> This re	eturn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)	
C Check	k box if filing under:	X Form 5558	automatic extension	ı	DFVC pro	gram
		special extension (enter desc	' '			
Part II	Basic Plan Info	ormation—enter all requested in	nformation			
1a Name CONSTRU		ES II, LLC RETIREMENT TRUST			<b>1b</b> Three-plan nu (PN)	umber 001
					1c Effective	ve date of plan 01/01/2010
		oyer, if for a single-employer plan)	O Pov)			yer Identification Number
	`	ce, country, and ZIP or foreign pos	,	structions)	(EIN)	83-2780659
CONSTRU	CTION LOAN SERVICE	ES II, LLC			2C Sporiso	or's telephone number 206-267-2650
5004 OTU A	N/E 0 0 UITE 050				2d Busine	ss code (see instructions)
SEATTLE,	AVE S., SUITE 350 WA 98108					522294
					01	
<b>3a</b> Plan	administrator's name a	ind address X Same as Plan Spo	insor.		<b>3b</b> Admini	strator's EIN
					3c Admini	strator's telephone number
		ne plan sponsor or the plan name h	· ·	•	<b>4b</b> EIN	00.4400000
		onsor's name, EIN, the plan name	and the plan number from			26-4169682
•			and the plan number nom	the last return/report.	<b>4d</b> PN	
		ICTION LOAN SERVICES, LLC IN LOAN SERVICES, LLC RETIRE		the last return/report.	4d PN	001
	Name CONSTRUCTIO	ICTION LOAN SERVICES, LLC IN LOAN SERVICES, LLC RETIRE	EMENT TRUST			001
_	NameCONSTRUCTIO	ICTION LOAN SERVICES, LLC ON LOAN SERVICES, LLC RETIRE as at the beginning of the plan year.	EMENT TRUST		. 5a	001
<b>b</b> Total	Name CONSTRUCTIO  I number of participants I number of participants	ICTION LOAN SERVICES, LLC ON LOAN SERVICES, LLC RETIRE as at the beginning of the plan years at the end of the plan year	EMENT TRUST		. 5a . 5b	001 19 37
<b>b</b> Total <b>c</b> Num  com	I number of participants of participants of participants of participants with plete this item)	ICTION LOAN SERVICES, LLC ON LOAN SERVICES, LLC RETIRE IS at the beginning of the plan year Is at the end of the plan year	f the plan year (only define	ed contribution plans	. 5a . 5b . 5c	001 19 37 34
b Total c Num comp	Name CONSTRUCTIO	ICTION LOAN SERVICES, LLC ON LOAN SERVICES, LLC RETIRE of at the beginning of the plan year	f the plan year (only define	ed contribution plans	5a 5b 5c 5d(1)	001 19 37 34 19
b Total c Num com d(1) To d(2) To	I number of participants aber of participants with plete this item)	ICTION LOAN SERVICES, LLC ON LOAN SERVICES, LLC RETIRE IS at the beginning of the plan year	f the plan year (only define	ed contribution plans	5a 5b 5c 5d(1) 5d(2)	001 19 37 34 19 25
b Total c Num com d(1) To d(2) To e Num than	Name CONSTRUCTIO	ICTION LOAN SERVICES, LLC IN LOAN SERVICES, LLC RETIRE IS at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year tricipants at the end of the plan year tricipants at the end of the plan year terminated employment during the	f the plan year (only define	ed contribution plans benefits that were less	5a 5b 5c 5d(1) 5d(2)	001 19 37 34 19 25 0
b Total c Num com d(1) To d(2) To e Num thar Caution:	Name CONSTRUCTIO  Il number of participants il number of participants with plete this item)	ction Loan Services, LLC on Loan Services, LLC on Loan Services, LLC retires at the beginning of the plan year	f the plan year (only define plan year	ed contribution plans benefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is establi	001  19 37 34  19 25 0
b Total c Num com d(1) To d(2) To e Num thar Caution: Under per SB or Sch	I number of participants of penalty for the late of participant of participants of participant	ction Loan Services, LLC on Loan Services, LLC on Loan Services, LLC retires at the beginning of the plan year	f the plan year (only define plan year	ed contribution plans benefits that were less d unless reasonable care examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is establication including	001  19 37 34  19 25 0 ished. g, if applicable, a Schedule
b Total c Num com d(1) To d(2) To e Num thar Caution: Under per SB or Sch belief, it is	I number of participants of participants of participants of participants with plete this item)	ction Loan Services, LLC on Loan Services, LLC on Loan Services, LLC retires at the beginning of the plan year	f the plan year (only define plan year	ed contribution plans benefits that were less d unless reasonable care examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is establication including	001  19 37 34  19 25 0 ished. g, if applicable, a Schedule
b Total c Num com d(1) To d(2) To e Num thar Caution: Under per SB or Sch belief, it is	I number of participants of participants of participants of participants with plete this item)	ction Loan Services, LLC on Loan Services, LLC on Loan Services, LLC retires at the beginning of the plan year	f the plan year (only define plan year	benefits that were less  d unless reasonable care examined this return/reports	5a 5b 5c 5d(1) 5d(2) 5e uuse is establiceport, including	001  19 37 34  19 25 0 ished. g, if applicable, a Schedule pest of my knowledge and
b Total c Num com d(1) To d(2) To e Num thar Caution: Under per SB or Sch belief, it is	I number of participants of participants of participants of participants of participants with plete this item)	ction Loan Services, LLC on Loan Services, LLC on Loan Services, LLC retires at the beginning of the plan year	f the plan year (only define plan year	benefits that were less  d unless reasonable ca we examined this return/repo  CURT ALTIG	5a 5b 5c 5d(1) 5d(2) 5e uuse is establiceport, including	001  19 37 34  19 25 0 ished. g, if applicable, a Schedule pest of my knowledge and

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility							 X Yes ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year
а	Total plan assets	7a	10	02295				1078659
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	10	02295				1078659
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)	1	04513				
	(2) Participants	8a(2)	22	20197				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	-1	61978				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						262732
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18	86368				
е	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						186368
i	Net income (loss) (subtract line 8h from line 8c)	8i						76364
j	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	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V							
	Program)			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			150000
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 oth carrier, insurance service, or other organization that provides som							
	the plan? (See instructions.)			10e		Χ		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			12490
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	ne require	d notice or one of the	10i				
	,, J				<u> </u>			

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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 Sche (Form 5500) and line 11a below)		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?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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			
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	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× 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 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	<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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	urt I		Identification Information				
For	calendar	plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31/2	
<b>A</b> 1	This retu	m/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) aployer information in a		
			a one-participant plan	a foreign plan			
Вт	his retur	n/report is	the first return/report	the final return/report			
			an amended return/report	a short plan year retur	n/report (less than 12 r	nonths)	
· ·	Chank h	ox if filing under:		——————————————————————————————————————		C BEVO	_
•	OHECK D	ox it iming ander.	X Form 5558  special extension (enter desc	automatic extension		DFVC program	п
- Do	-411	Dagio Dian laf	ormation—enter all requested in				
	Irt II Name o	·····	ormation—enter all requested in	nomanon		1b Three-digit	·
14		•	n Services II, LLC Re	tirement Trust		plan numb	
	GOMB.					(PN) •	001
						1c Effective d 01/01/	•
2a			oyer, if for a single-employer plan)		,		dentification Number
			om, apt., suite no. and street, or P.o ice, country, and ZIP or foreign pos		ructions)	<del></del>	2780659
	-	•	n Services II, LLC	tal oodo (il forolgiti doo illoi	, 2010/10/	•	telephone number
			·			206-26	ode (see instructions)
	5601	6th Ave S.,	Suite 350			Zu Buşiness c	004 (288 1120 0000113)
	Seat	tle	WA 981	08		522294	
3a	Plan ac	lministrator's name	and address 🏻 Same as Pian Spo	onsor.		3b Administra	tor's EIN
							tor's telephone number
4	If the n	ame and/or EIN of t	he plan sponsor or the plan name honsor's name, EIN, the plan name	nas changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN 26-4	1169682
а	Spons	or's name Constr	uction Loan Services,	, LLC		4d PN	
С	Plan N	ame Constr	uction Loan Services,	, LLC Retirement	Trust	003	
						001 5a	19
			ts at the beginning of the plan year			``}	37
			ts at the end of the plan year			5b	37
С			h account balances as of the end o			5c	34
d	(1) Tota	al number of active p	participants at the beginning of the p	olan year	Allabiadooifoggogggaayd gomeneneen	5d(1)	19
d	( <b>2)</b> Tota	al number of active	participants at the end of the plan ye	ear		5d(2)	25
	than '	100% vested	no terminated employment during th			5e	0
Ca	ution: A	penalty for the lat	e.or incomplete filing of this retu	rn/report will be assessed	d unless reasonable o	ause is establish	ed.
SB	or Sche	atties of perjury and idule MB completed rue, correct, and co	other penalties set forth in the instru and stanted by an enrolled actuary, motere.	uctions, I declare that I have as well as the electronic ve	ersion of this return/rep	ort, and to the best	of my knowledge and
SIC				09/23/2019	CURT ALTIG		
	RE	Signature of plan	administrator	Date	Enter name of indiv	idual signing as ola	an administrator
-	- N	Signature Oppial	Tage Manager	09/23/2019			
SIC	RE	Signature of emr	olover/plan sponsor	Date		idual signing as en	nployer or plan sponsor

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Control of the Contro		

Form 5500-	SF (	(20	18	J
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<ul> <li>Were all of the plan's assets during the plan year invested in</li> <li>Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eligible)</li> </ul>	ort of an indepen-	dent qualified public ac	counta	nt (IQ	PA)		
If you answered "No" to either line 6a or line 6b, the plan  If the plan is a defined benefit plan, is it covered under the Pl  If "Yes" is checked, enter the My PAA confirmation number to	n <mark>cannot use For</mark> BGC insurance pr	m 5500-SF and must ogram (see ERISA se	instea ction 40	d use (21)? .	Form	5500.	Not determined . (See instructions.)
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b) En	d of Year
a Total plan assets	7a	1,0	002,2	295	·····		1,078,659
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	1,	002,2	295			1,078,659
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>			(b)	Total
a Contributions received or receivable from: (1) Employers	8a(1)		104,				
(2) Participents	8a(2)		220,	197			
(3) Others (including rollovers)	8a(3)						
b Other Income (loss)	8b		-61,	978			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							262,732
d Benefits paid (including direct rollovers and insurance premi to provide benefits)			186,	368			
e Certain deemed and/or corrective distributions (see instructi	ons) 8e						
f Administrative service providers (salarles, fees, commission	s) 8f		77. i	_			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	.,					186,368
i Net Income (loss) (subtract line 8h from line 8c)	8i			_		Service	76,364
j Transfers to (from) the plan (see instructions)	8}						
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable page 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable w							
Part V   Compliance Questions							
10 During the plan year:				Yes	No		Amount
Was there a failure to transmit to the plan any participant of described in 29 CFR 2510.3-102? (See instructions and I Program)	DOL's Voluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in- reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?		,,	10c	Х			150,000
d Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?			10d		Х		
e Were any fees or commissions paid to any brokers, agent carrier, insurance service, or other organization that provide the plan? (See instructions.)	des some or all of	the benefits under	10e		х		
f Has the plan failed to provide any benefit when due under	the plan?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter a			10g	Х			12,490
h If this is an individual account plan, was there a blackout p 2520.101-3.)			10h		Х	PI	
If 10h was answered "Yes," check the box if you either pro- exceptions to providing the notice applied under 29 CFR 2			10í				

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Part	VI Pension Funding Compliance		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				17772
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500) and line 11a below)	ctions an	d complete Sch	edule S	В	\ \ \	'es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 4 ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1 302 of	**1*1****1	١٥	∕es X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.	*********	Month	enter t		of the lette Year	r ruling
11	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and st	kip to lir	ie 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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus a negative amount)	sign to th	ne left of a	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?	.,,,,,,,,,,,,,			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 placentrol of the PBGC?					Yes X	No
C							
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3	) PN(s)
		O			-		V
		*****		•			