## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit TRILLIUM EMPLOYMENT SERVICES RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TRILLIUM EMPLOYMENT SERVICES (EIN) 91-1215507 Sponsor's telephone number 253-735-1553 201 AUBURN WAY NORTH, SUITE B AUBURN, WA 98002 Business code (see instructions) 541990 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a 21 **b** Total number of participants at the end of the plan year..... 5b 59 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 41 d(2) Total number of active participants at the end of the plan year..... 5d(2) 36 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.	10/01/2015	PATRICIA J. BORDEN			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons			
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)  Preparer's telephone r				Preparer's telephone 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either line 6a or line 6b, the plan cannot be a considerable to the	an indeper and condit	ndent qualified public accounta	int (IQ	PA)			X Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End c		
a	Total plan assets	7a	13532					1652°	
b	Total plan liabilities	7b		310	_				0
	Net plan assets (subtract line 7b from line 7a)	7c	13524	137	_			1652	154
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from: (1) Employers	8a(1)	878	317					
	(2) Participants	8a(2)	1031	149					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1092	221					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						300	187
	Benefits paid (including direct rollovers and insurance premiums	8d		0					
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	4	170					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	170
	Net income (loss) (subtract line 8h from line 8c)	8i						299	717
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics								
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charad	cterist		les in t	he instructio	ns:	
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X			
C	Was the plan covered by a fidelity bond?			10c	X				200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	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 ben	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X			
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ru Year	uling

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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 1	3.		
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?			Yes 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?		nt under the contro	1	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	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(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

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## 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

2014

This Form is Open to Public Inspection

Part I	Annual Report	identification information				
For calenda	ar plan year 2014 or fi	scal plan year beginning	01/01/2014	and ending	12/3	1/2014
A This ret	turn/report is for:	x a single-employer plan		an (not multiemployer) over information in accord	•	g this box must attach a list form instructions)
	······································	a one-participant plan		,		
B This refu	urn/report is	the first return/report	the final return/report			
2 / 1110 / 040		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension		DFV	C program
	-	special extension (enter descrip	otion)			
Part II		ormation—enter all requested info	rmation		4   = 1	
<b>1a</b> Name Trilliu		Services Retirement R	Plan		1b Three-oplan nu	mber 001
					1c Effectiv	re date of plan 1/1996
2a Plan s	ponsor's name and ac	ldress; include room or suite number SERVICES	r (employer, if for a single-	employer plan)	The second CO	er Identification Number
201 AIII	BURN WAY NORT	H. SIITTE B			2c Sponso	or's telephone number
201 1101	Join Mill Holes	, 50112 5				ss code (see instructions)
AUBURN		WA 98002			54199	
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	or,		3b Adminis	strator's EIN
					3c Adminis	strator's telephone number
						'
		e plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b EIN	
	, EIN, and the plan hu or's name	mber from the last return/report.			4c PN	
	Name and Address of the Address of t	at the beginning of the plan year			1	21
<b>b</b> Total i	number of participants	at the end of the plan year			5b	59
C Numb	er of participants with	account balances as of the end of the	ne plan year (defined bene	fit plans do not	5c	
comple	ete this item)				30	29
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pla	in year		5d(1)	41
<b>d(2)</b> ⊤ot	al number of active pa	articipants at the end of the plan yea	r		5d(2)	36
		erminated employment during the pl		fits that were	5e	C
Caution: A	nenalty for the late	or incomplete fillng of this return	report will be assessed	unless reasonable cau	use is establis	shed.
Under pen	alties of periury and o	ther penalties set forth in the instruct	tions, I declare that I have	examined this return/re	port, including	, if applicable, a Schedule
SB or Sche	edule MB completed a	ind signed by an enrolled actuary, as	s well as the electronic vers	sion of this return/repor	t, and to the b	est of my knowledge and
	true, correct, and com	bolete.	1.0.701	PATRICIA J. B	ODDEN	
SIGN HERE	X -10 - 1	r con	x 9-30-15			
TILIXE	Signature of plan	administrator	Date	Enter name of individ	of individual signing as plan administrator	
SIGN						
HERE	Signature of emplo	oyer/plan sponsor	Date			employer or plan sponsor
HERE	Signature of emplo	oyer/plan sponsor name, if applicable) and address (inc				employer or plan sponsor elephone number (optional)
HERE	Signature of emplo	oyer/plan sponsor name, if applicable) and address (inc				
HERE	Signature of emplo name (including firm	oyer/plan sponsor name, if applicable) and address (inc				
HERE	Signature of emplo name (including firm	oyer/plan sponsor name, if applicable) and address (in				

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6a Were all of the plan's assets during the plan year invested in eligib b 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 be a second to the plan cannot be a	an independe and condition	ent qualified public accountains.)	nt (IQ	PA)			□.	′es
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance prog	gram (see ERISA section 40	21)? .		Yes	No [	Not de	termined
Part III   Financial Information								
7 Plan Assets and Liabilities	10 Te-	(a) Beginning of Yea	r	$\perp$		(b) End	of Year	
a Total plan assets	7a	135	324	7				1652154
b Total plan liabilities	7b		81	0				(
C Net plan assets (subtract line 7b from line 7a)	7c	135	243	7				1652154
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal	
a Contributions received or receivable from:			781	7				
(1) Employers	. 8a(1)			_	-			
(2) Participants		10	314	9	-		-	
(3) Others (including rollovers)	8a(3)			-	-	0 5	_	
b Other income (loss)	8b	10	922	1				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			_	30018
d Benefits paid (including direct rollovers and insurance premiums	. 8d			0				
to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)	8e					7. 4.		
f Administrative service providers (salaries, fees, commissions)			47	0	_			
				<del>`</del>  -	***			
g Other expenses				+				470
h Total expenses (add lines 8d, 8e, 8f, and 8g)			-	+			_	29971
Net income (loss) (subtract line 8h from line 8c)				+			100	23311
j Transfers to (from) the plan (see instructions)	8j			10				
b If the plan provides welfare benefits, enter the applicable welfare f								
Part V Compliance Questions  10 During the plan year:				Yes	No		Amou	nt
During the plan year:      Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidely).			10a	103	Х		Amou	iit.
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	lude transactions reported	10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х				20000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)	l of the benefi	ts under the plan? (See	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 amount a			10g		Х			
h If this is an individual account plan, was there a blackout period?			109					
i If 10h was answered "Yes," check the box if you either provided			10h		Х	3		
exceptions to providing the notice applied under 29 CFR 2520.10			10i			E V		
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							Ιп	Yes ∏ No
11a Enter the unpaid minimum required contribution for current year					11a			, Land
12 Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes 🛭 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  a If a waiver of the minimum funding standard for a prior year is be	v, as applicab	le.)					the lette	r rulina
granting the waivergstandard for a prior year is be				,	Day		Year_	

	F	form 5500-SF 2014	Page <b>3</b> -			
lf y	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line 13.			
b	Ente	r the minimum required contribution for this plan year	0.5744.00444.0044.0044.0044.0044.0044.00	. 12b		
С	Ente	r the amount contributed by the employer to the plan for this plan year		. 12c		
d		ract the amount in line 12c from the amount in line 12b. Enter the result (		12d		
е	Will t	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 "Ye	es," enter the amount of any plan assets that reverted to the employer this	s year	13a		
b		e all the plan assets distributed to participants or beneficiaries, transferred			l	Yes X No
С		ring this plan year, any assets or liabilities were transferred from this plan h assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan	ı(s) to		
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				
14a	Name	of trust		14b	Trust's EIN	