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

2016

This Form is Open to Public Inspection

76	arti Annuai Kepor	t identification information					
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/20)16		
Α .	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) a list of participating employer information in ac		-		
		a one-participant plan	a foreign plan				
Вт	his return/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return/report (less than 12 m	nonths)			
С	Check box if filing under:	X Form 5558	automatic extension	DF	VC program		
		special extension (enter descr	ription)				
Pa	rt II Basic Plan Inf	ormation—enter all requested in	formation				
	Name of plan LIUM EMPLOYMENT SERV	/ICES RETIREMENT PLAN			Three-digit plan number (PN)	001	
				1c	Effective date of 01/01	plan /1996	
2a	Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	,		Employer Identif (EIN) 91-12	ication Number 15507	
ΓRILL	IUM EMPLOYMENT SERV	ial code (ii loreign, see instructions)	2c Sponsor's telephone number 253-735-1553				
	UBURN WAY NORTH, SUI' RN, WA 98002	TE B		2d	Business code (5419	see instructions) 90	
3a	Plan administrator's name a	and address 🛛 Same as Plan Spor	nsor.	3b	Administrator's E	EIN	
				3c	Administrator's t	elephone number	
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	·		4c	PN		
5a	Total number of participant	ts at the beginning of the plan year		58	a .	64	
b	Total number of participant	is at the end of the plan year		5k)	8	
С			the plan year (only defined contribution plans	50	;	7	
d(1) Total number of active p	articipants at the beginning of the pl	lan year	5d(1)	5	
d((2) Total number of active p	participants at the end of the plan year	ar	5d(2)	6	
е	than 100% vested		e plan year with accrued benefits that were less	56			
	<u> </u>	<u> </u>	n/report will be assessed unless reasonable ca				
			ctions, I declare that I have examined this return/re				

<u>bellet, it is t</u>	rue, correct, and complete.						
31314	Filed with authorized/valid electronic signature.	09/05/2017	KAREN WILLIAMS				
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 sponsor				
Preparer's i	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number			

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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. 										′es No
	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not o	letermined
Par		I		• • • •						
	Plan Assets and Liabilities	70	(a) Beginning	of Year 028897			-	(b) End	l of Year 1331	015
	Total plan assets	7a 7b		02000.						-
	Net plan assets (subtract line 7b from line 7a)	7c	1	028897	,				1331	015
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amour	nt				(b) :	Total	
	Contributions received or receivable from:		` ,					(13)	Iotai	
	(1) Employers	8a(1)		102434						
	(2) Participants	8a(2)		138118						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		87543						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							328	095
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24907						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		1070)					
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				25	977
	Net income (loss) (subtract line 8h from line 8c)	8i				302118				118
	Transfers to (from) the plan (see instructions)	8i			\neg					
Par	t IV Plan Characteristics	, oj								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	2M 2G 2A 2K		la a france than I intent Dia	- Ch	4 1 - 1	:- 0	laa : 4			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coc	ies from the List of Pla	n Chara	acterisi	iic Coc	ies in i	ne msu	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
a	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's \	-	-	40-		X				
b	Program)			10a		X				
	reported on line 10a.)			10b		^				
С	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 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 son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Pension	benefit Guaranty Corporation	➤ Complete all entries in	accordance with the insti	ructions to the Form 550	00-SF.	· aana mapaanan		
Part I		l Identification Information						
For calen	dar plan year 2016 or t	iscal plan year beginning	01/01/2016	and ending	12/31	/2016		
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) (F aployer information in acc				
	·	a one-participant plan	a foreign plan	,		,		
B This re	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558 Special extension (enter desc	automatic extension		DFVC prog	gram		
Part II	Rasic Plan Info	prmation—enter all requested in						
1a Name		ormation—enter an requested in	ioimation	<u> </u>	1h Throng	1114		
	•	Services Retirement I	Plan		1b Three-c plan nu (PN) ▶	mber 001		
						e date of plan		
Mailin	g address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)			er Identification Number 1 - 1215507		
	r town, state or provinc UM EMPLOYMENT	ce, country, and ZIP or foreign post SERVICES	al code (if foreign, see insti	ructions)	2c Sponso	or's telephone number 35-1553		
201 AU	BURN WAY NORTI	H, SUITE B			2d Business code (see instructions) 541990			
AUBURN		WA 98002						
3a Plan a	administrator's name a	nd address X Same as Pian Spor	nsor.		3b Adminis	trator's EIN		
4						strator's telephone number		
name	name and/or EIN of the e, EIN, and the plan nu- or's name	e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo		4b EIN 4c PN			
		at the beginning of the plan year		······	5a			
				· · · · · · · · · · · · · · · · · · ·	5b	64		
		at the end of the plan year account balances as of the end of			- JD	80		
					5c	7(
d(1) Tot	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	53		
		rticipants at the end of the plan yea			5d(2)	6:		
e Numb	per of participants that 100% vested	terminated employment during the	plan year with accrued be	nefits that were less	5e	6		
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable caus	se is establis	shed.		
SB or Sche	alties of perjury and otledule MB completed as true, correct, and comp	ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	tions, I declare that I have is well as the electronic ver	examined this return/report,	ort, including and to the be	, if applicable, a Schedule est of my knowledge and		
SIGN			9-5-17	Karen Williams				
HERE	Signature of plan a	dministrator						
OLON	Oignature or plan a	diffilation	Date	Enter name of individua	ai signing as	plan administrator		
SIGN HERE								
	Signature of emplo		Date			employer or plan sponsor		
Preparer s	name (including tims n	ame, if applicable) and address (in	clude room or suite numbe	r) 	Preparer's te	lephone number		

1	Carm	5500	OE.	201	c
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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes \[\begin{align*} \text{Yes} \end{align*} \]							X Ye X Ye Not de		
	rt III Financial Information			V-11		L	J	<u></u>	LJ	
7	Plan Assets and Liabilities		(a) Beginning	of Year	, T	•		(b) End	of Year	
а	Total plan assets	7a	1	028,			··	X-7. —		331,015
b	Total plan liabilities	7b				***************************************	***************************************			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	,028,	897				1,	331,015
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			102,	434					
··········	(1) Employers	8a(1)								
***********	(2) Others (including all least)	8a(2)		138,	118					
	(3) Others (including rollovers)	8a(3)		07	<u>- </u>					
	Other income (loss)	8b		87,	543	•••••				220 005
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								328,095
	to provide benefits)	8d		24,	907					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1,	070					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		······································						25,977
i_	Net income (loss) (subtract line 8h from line 8c)	8i		***************************************	<u> </u>					302,118
j	Transfers to (from) the plan (see instructions)	81		***************************************						
Par	t IV Plan Characteristics	·	1		··········	······································				
9a	If the plan provides pension benefits, enter the applicable pension 2M 2G 2A 2K	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
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 t	he instr	uctions:	
Par	V Compliance Questions								***************************************	
10	During the plan year:				Yes	No	N/A		Amoun	t
а	and the second s	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
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.)	er person e or all of	s by an insurance 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 amount as	s of year-e	end.)	10g		Х				
h	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	e required	notice or one of the	10i						

Form 5500-SF 2016 Page 3-	_	
Part VI Pension Funding Compliance		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)	Schedule S	B Yes No
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 se ERISA?	ection 302 o	f Yes X 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 granting the waiver. Month	, and enter t	
If 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	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)	124	
e 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		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	r the	Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	an(s) to	
13c(1) Name of plan(s):	3c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information		
14a Name of trust	14b 1	Trust's EIN
14c Name of trustee or custodian		Frustee's or custodian's telephone number
Part IX IRS Compliance Questions		
15a Is the plan a 401(k) plan? If "No," skip b	⁄es	☐ No
401(k)(3) for the plan year? Check all that apply:	esign-based afe harbor Current year' DP test	☐ test
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ratio Percentage	Average N/A benefit test

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

Yes

Yes

No

No

No

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?