## 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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Parti		t identification information			0/00/0047						
For calenda	ar plan year 2016 or	fiscal plan year beginning 10/01/			9/30/2017						
		a single-employer plan		nployer) (Filers checking this box must attach a							
A This ret	urn/report is for:	a one-participant plan	list of participating em	he form instructions.)							
		a one participant plan	a foreign plan								
<b>R</b> This retu	ırn/report is	the first return/report	the final return/report								
D IIIIS ICIO	iiii/iepoit is	an amended return/report	a short plan year return	n/renort (less than 12 m	a 12 months)						
_				Proport (1033 than 12 m							
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	am					
		special extension (enter desc	cription)								
Part II	Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name		•			1b Three-dig	git					
TRIG ELECT	RIC SERVICE, INC.	EMPLOYEES' RETIREMENT PLA	AN		plan num	ber					
					(PN) <b>•</b>	001					
						date of plan 01/01/1989					
2a Plan s	oonsor's name (empl	oyer, if for a single-employer plan)			<b>2b</b> Employer	r Identification Number					
		om, apt., suite no. and street, or P.0			(EIN)	91-1191007					
	RIC SERVICE, INC.	ice, country, and ZIP or foreign pos	ital code (if foreign, see instr	uctions)	<b>2c</b> Sponsor'	's telephone number					
TINIO LLLOT	RIO OERVIOE, INO.					06-328-0555					
					2d Business	code (see instructions)					
P.O. BOX 34 SEATTLE, W						238210					
OL/TITLE, W	77 00 144										
20 Dlan a					2b Administra						
<b>Ja</b> Plan a	aministrator's name a	and address X Same as Plan Spo	onsor.		<b>3b</b> Administr	alor S EIIN					
					<b>3c</b> Administrator's telephone number						
4 If the r	name and/or FINI of th	no plan aparear has abanged since	the lest return/report filed for	or this plan, optor the	4b FIN						
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed it	or this plan, enter the	4b EIN						
<b>a</b> Spons	•				4c PN						
<b>5a</b> Total r	number of participant	s at the beginning of the plan year.			5a						
		s at the end of the plan year			5b						
		account balances as of the end of				12					
				•	5c	12					
	•	articipants at the beginning of the p			5d(1)	8					
		articipants at the end of the plan ye	-		5d(2)	9					
		articipants at the end of the plan year terminated employment during the									
		deminated employment during th			5e	0					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau							
SB or Sche	dule MB completed	other penalties set forth in the instruand signed by an enrolled actuary,									
SIGN	rue, correct, and con Filed with authorized	npiete. d/valid electronic signature.	04/12/2018	JEFFREY MULLINS							
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as n	lan administrator					
OLONI	orginataro or piarr		Bato	Enter name of marvia	dai oigimig do p	ian administrator					
SIGN HERE											
		loyer/plan sponsor	Date			mployer or plan sponsor					
rieparer's	name (including firm	name, if applicable) and address (i	include room of suite numbe	; )	rieparer's tele	ephone number					

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQF under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>						IQPA)			
	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 ir					_	-	_	Not det	ermined
Pa	rt III Financial Information						-	_		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		654300				<u> </u>	183107	0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	654300	)				183107	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
а	Contributions received or receivable from:			18905						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		47247	_					
	(3) Others (including rollovers)	8a(3)		0 171697						
	Other income (loss)	8b		17 1097					00704	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23784	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		46690						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		14389	14389					
q	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6107	9
ī	Net income (loss) (subtract line 8h from line 8c)	8i		17					17677	0
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics	, o,								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 2T 3D	feature co	odes 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	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
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					166000
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	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					54886
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	he require	d notice or one of the	10i						

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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 c n 5500) and line 11a below)						Yes X No		
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?								
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		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			1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo		
	If "Ye	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 brougout of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information			•					
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN			
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP		
			ΙП '	"Curre	rent year" N/A test					
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	— Average —			□ N/A		
	for the	be 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									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination		
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 e?		rom	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?			Ye	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).

▶ 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

Part I	Annual Report	Identification Information							
For calend		scal plan year beginning 10/01/201	6	and ending 09/3	30/2017				
A This re	X 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 one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n			
		special extension (enter desci							
Part II	Basic Plan Info	rmation—enter all requested in	formation		4				
1a Name Trig Electric	of plan Service, Inc. Employe	ees' Retirement Plan			1b Three-digit plan number (PN) ▶				
					1c Effective da 01/01/1989	•			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	). Box)			dentification Number			
-	town, state or provinct Service, Inc.	e, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	2c Sponsor's	telephone number 206) 328-0555			
P.O. Box 34	07				<del></del>	ode (see instructions)			
Seattle, WA					200210				
					2h Adaminintari	L. J. PIM			
oa Pian a	idministrator's name ai	nd address 🛛 Same as Plan Spor	1SOF.		3b Administrator's EIN				
					3c Administrat	tor's telephone number			
4 If the	name and/or EIN of th	a plan aparear has abanced since	the last return/report filed for	or this plan antar the	Ab cu				
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed it	or this plan, enter the	4b EIN				
	or's name	_			4c PN				
<b>5a</b> Total	number of participants	at the beginning of the plan year			. 5a	12			
<b>b</b> Total	number of participants	at the end of the plan year			, 5b	12			
		account balances as of the end of			5c	12			
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	8			
d(2) Tot	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	9			
e Numb	per of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e	0			
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establishe	d.			
SB or Sche		her penalties set forth in the instruction of signed by an enrolled actuary, a plete.							
SIGN	/ Jeshus/	Vlulets	09/12/18	Jeffrey Mullins					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN HERE									
	Signature of emplo		Date			ployer or plan sponsor			
Preparer s	name (including tirm r	ame, if applicable) and address (ir	iciude room or suite numbe	r)	Preparer's telep	none number			

Page	2		
Page	_		

	Were all of the plan's assets during the plan year invested in eligib								X Yes	No
D	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	and condition	ns.)						X Yes	No
_	If the plan is a defined benefit plan, is it covered under the PBGC in					_			☐ Not determi	ined
	t III Financial Information	nourarioc pro	9914111 (000 E1110/100		<u></u>	[	]	<u></u>		
7			(a) Paginning	of Vone				(h) End	of Voor	
<del>_</del>	Plan Assets and Liabilities	70	(a) Beginning	165430				(b) End	1831070	
	Total plan assets	7a		100400	~				1001070	
	Total plan liabilities	7b 7c		165430	n +				1831070	
	Net plan assets (subtract line 7b from line 7a)	70			~			(b) T		
 	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amoun	ıt	$\rightarrow$			(0) 1	otai	
a	(1) Employers	8a(1)		1890	5					
	(2) Participants	8a(2)		4724	17					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		17169	97					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							237849	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4669	90					Ι,
e	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		1438	39			V.		
g	Other expenses	. 8g			_		9			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					61079			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							176770	
j	Transfers to (from) the plan (see instructions)	. 8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 2T 3D	feature cod	es from the List of PI	an Cha	racteri	stic C	odes ir	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Pla	n Chara	ecteris	tic Co	des in	the instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	· · · · · · · · · · · · · · · · · · ·									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)			10a		×				
b		st? (Do not in	clude transactions	10b		х				
—с				10c	X				16	6600
d	8-2. 000/002a/00-00-00-00-00-00-00-00-00-00-00-00-00-	s fidelity bon	d, that was caused	10d		х				
e				10e		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g	Х					5488
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the							

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor m 5500) and line 11a below)			3		Yes [	X No
11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod SA?					Yes [	X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	untions one	lontart	ho data	of the let	lor rulin	
	gran	ting the walver	nth	Day		Year		ig
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		401				
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		12d				
е	With	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		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 brought rol of the PBGC?				Yes	X No	
С	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)						
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN(	(s)
Part	VIII	Trust Information						
14a	Name	e of trust		14b 1	Trust's E	EIN		
14c	Name	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Part	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section  401(k)(3) for the plan year? Check all that apply:					gn-based "Prior year" ADP test  rent year" N/A			
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:	Ratio perce test	entage		verage enefit test		N/A
	for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
17a	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of etter and the serial number	pinion lette	r or advi	sory let	ter, enter	the dat	e of
	letter		er the date	of the m	nost rec	ent deterr	ninatio	n
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: eany distributions made during the plan year to an employee who attained age 62 and had not separa ce?		Ye	s [	No		
19	Mac	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		П Үе	s [	No		