Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0 1210-0					
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2018				
Employee B	epartment of Labor enefits Security Administration		Revenue Code (the Code		This Form is Open to Public Inspection					
	enefit Guaranty Corporation	Complete all entries in action	cordance with the instr	uctions to the Form 55	00-SF.					
Part I		dentification Information	40	and and in a dia	104/0040					
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/20		5	2/31/2018	days the hand set of the share				
A This ret	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)				
B This retu	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
•		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)					
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram				
		special extension (enter descrip	,							
Part II										
1a Name	•				1b Thre					
TRILLIUM E	MPLOYMENT SERVIC	ES RETIREMENT PLAN			plan (PN)	number 001				
			()	tive date of plan						
2a Blan a	nonsor's name (ompley		2h [mail	01/01/1996						
Mailing	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 91-1215507				
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RILLIUM EMPLOYMENT SERVICES				2c Sponsor's telephone number 253-735-1553					
				-	2d Business code (see instructions)					
201 AUBURI AUBURN, W	N WAY NORTH, SUITE	В				541990				
AUDURN, W	A 30002									
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spons	sor.		3b Administrator's EIN					
				-	3c Administrator's telephone number					
		plan sponsor or the plan name has sor's name, EIN, the plan name an			4b EIN					
•	or's name	•			4d PN					
C Plan N	lame									
5a Total	number of participants a	at the beginning of the plan year			5a	99				
_		at the end of the plan year		F	5b	119				
		account balances as of the end of th			5c	112				
	,	ticipants at the beginning of the pla		1	5d(1)	70				
. ,		ticipants at the end of the plan year	-	F	5d(2)	76				
		terminated employment during the			5e	4				
Caution: A	A penalty for the late of	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is estal	blished.				
Under pena SB or Sche	alties of perjury and oth edule MB completed an	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule				
SIGN	true, correct, and comp	lete. valid electronic signature.	08/01/2019	KAREN WILLIAMS						
HERE	Signature of plan ac		Date	Enter name of individu	ual signing	as plan administrator				
SIGN			- 310							
HERE	Signature of omnio	ver/nlan snonsor	Data	Entor nome of individu	ual ajanina	an amployor or plan approx				
	Signature of employ		Date	Enter name of Individu	iai signing i	as employer or plan sponsor				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

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						X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a 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						
	If "Yes" is checked, enter the My PAA confirmation number from th						
		-					、 ,
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning				(b) End of Year
<u>a</u>	Total plan assets	7a	18	74172			2034044
<u>b</u>	Total plan liabilities	7b	10	74470			2024044
	Net plan assets (subtract line 7b from line 7a)	7c		74172			2034044
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
d	Contributions received or receivable from: (1) Employers	8a(1)	1	10659			
	(2) Participants						
	(3) Others (including rollovers)						
b	O Other income (loss)						
С	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				171462		
d	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
е	Certain deemed and/or corrective distributions (see instructions) 8e						
f	Administrative service providers (salaries, fees, commissions)	8f		2056			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11590
i	Net income (loss) (subtract line 8h from line 8c)	8i					159872
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2M $$ 2G $$ 2A $$ 2K	feature co	odes from the List of PI	an Cha	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in the instructions:
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		Х	
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a 10b		×	
C	· · · ·			10c	х		200000
C		fidelity bo	nd, that was caused	100		х	20000
e	 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.). 	ner person ne or all of	is by an insurance the benefits under	10e		х	
f	,			10f		Х	

Х

Х

7688

10<u>g</u>

10h

10i

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed 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		12b				
С	Ente	r 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 ative amount)		12d				
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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

	orm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee OMB Nos.						
Inte	ernal Revenue Service	This form is required to be file	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 International Comparison (Comparison (Compar						
Employee	Department of Labor Benefits Security Administration	n	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to			
Pension 8	Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF	Public Inspection			
Part I	Annual Repor	t Identification Information							
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018			
	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer) ((Filers check	ing this box must attach a ith the form instructions.)			
		a one-participant plan	a foreign plan						
	turn/report is	the first return/report	the final return/report						
C Observe	h	an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
Destil	Deci Di La	special extension (enter descr	The second se						
Part II		ormation—enter all requested inf	ormation						
1a Name Tril		ent Services Retiremen	nt Plan		1b Three plan	e-digit number			
	1 1		(PN)						
	1c Effective date of plan 01/01/1996								
Mailin	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					oyer Identification Number 91-1215507			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRILLIUM EMPLOYMENT SERVICES				2c Sponsor's telephone number 253-735-1553				
201	201 AUBURN WAY NORTH, SUITE B					2d Business code (see instructions)			
AUBL	JRN	WA 9800	2		541	990			
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spon	sor.		3b Administrator's EIN				
					3c Admir	nistrator's telephone number			
4 If the r	name and/or EIN of th	e plan sponsor or the plan name ha	s changed since the last r	eturn/report filed for	4b EIN				
this pl	lan, enter the plan spo or's name	onsor's name, EIN, the plan name a	nd the plan number from t	he last return/report.	4d PN				
c Plan N					HU PN				
5a Total r	number of participants	s at the beginning of the plan year			5a	99			
		s at the end of the plan year			5b	119			
c Numb	er of participants with	account balances as of the end of the	he plan year (only defined	contribution plans	5c	112			
		articipants at the beginning of the pla			5d(1)	70			
		articipants at the end of the plan yea			5d(2)	76			
e Numb	per of participants who	b terminated employment during the	plan year with accrued be	enefits that were less	5e	4			
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	use is estab	lished.			
SB or Sche	alties of perjury and of edule MB completed a rue, correct	ther penalties set forth in the instruct nd signed by an enrolled actuary, as plate	tions, I declare that I have s well as the electronic ver	examined this return/re rsion of this return/report	port, includir t, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN	Kat-	1	8.1.2019	Karen Williams	3				
HERE	Signature of plan a	administrator	Date	Enter name of individ	of individual signing as plan administrator				
SIGN					÷ Ý				
HERE For Paperwo	Signature of emplo ork Reduction Act Notic	oyer/plan sponsor ce, see the Instructions for Form 5500-	Date SF.	Enter name of individ	ual signing a	s employer or plan sponsor Form 5500-SF (2018)			
						v.171027			

Form 5500-SF (2018)

b	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.	
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined

Pa	rt III Financial Information						······································
7	Plan Assets and Liabilities		(a) Beginning	of Yea			(b) End of Year
а	Total plan assets	7a		874,			2,034,044
b	Total plan liabilities	7b					· · · · · · · · · · · · · · · · · · ·
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	874,	172		2,034,044
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а				110	650		
	(1) Employers	8a(1)		110,			
	(2) Participants	8a(2)		208,	540		
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	-	147,	131		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					171,462
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			9,534			······
e	Certain deemed and/or corrective distributions (see instructions)	8e					· · · · · · · · · · · · · · · · · · ·
f	Administrative service providers (salaries, fees, commissions)	8f		2,	056		
	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11,590
i	Net income (loss) (subtract line 8h from line 8c)	8i					159,872
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2M 2G 2A 2K If the plan provides welfare benefits, enter the applicable welfare fe						
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x	
d	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х	
C	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 bor	nd, that was caused	10d		х	
e	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.)	e or all of	the benefits under	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х		7,688
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 th exceptions to providing the notice applied under 29 CFR 2520.101			101			

Form 5500-SF (2018)

Page 3-

·····							
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)	d complete Sch	iedule S	В	. 🛛	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 ERISA?	Code or sectio	n 302 o	f		Yes X) No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	d enter i Day		of the let Yea		}
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.					
d	Enter the minimum required contribution for this plan year		12b				
	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 negative amount)	e left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	4
Part \	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	•••••		Ves	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 bro control of the PBGC?	ught under the	ie 🗍 🗋			Yes X No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s)) to				
13	<pre>Bc(1) Name of plan(s):</pre>	13c(2)	EIN(s)		13c(3) PN(s)		
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			•				
				ŀ			

Form	5	5	5	8
(Rev.	Sep	tem	ber	2018)

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File With IRS Only

	al Revenue Service ► Go to www.irs.gov/Form5558 for the I		tions.	File Wit	in IRS Only	
Pa	art I Identification					
A	Name of filer, plan administrator, or plan sponsor (see instructions) TRTILITUM EMPLOYMENT SERVICES Number, street, and room or suite no. (If a P.O. box, see instructions) 201 AUBURN WAY NORTH, SUITE B City or town, state, and ZIP code	Employer id	ntifying number (dentification numb 91–12 urity number (SSN	ber (EIN) (9 digil 215507	s XX-XXXXXX	
с	AUBURN, WA 98002 Plan name	Plan	Pla	n year endir	1a —	
	Fian name	number	MM	DD	YYYY	
	Trillium Employment Services Retirement Plan	0 0 1	12	31	2018	
Par	till Extension of Time To File Form 5500 Series, and/or Form	1 8955-SSA		·······	l	
1	Check this box if you are requesting an extension of time on line 2 to file in Part I, C above. I request an extension of time until <u>10 / 15 /2019</u> to file Fo Note: A signature IS NOT required if you are requesting an extension to file	orm 5500 series. See		report for the	Plan listed	
3	I request an extension of time until <u>10 / 15 /2019</u> to file For Note: A signature IS NOT required if you are requesting an extension to file	orm 8955-SSA. See Form 8955-SSA.	instructions.			
	The application is automatically approved to the date shown on line 2 an the normal due date of Form 5500 series, and/or Form 8955-SSA for wh and/or line 3 (above) is not later than the 15th day of the 3rd month after the	ich this extension is	f (a) the Form s requested; a	5558 is filed nd (b) the d	on or befo ate on line	
Part 4	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5330, after You may be approved for up to a 6-month extension to file Form 5330, after		te of Form 533	0		
а						
b	Enter the payment amount attached	. , ,	►	b		
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversi State in detail why you need the extension:	ion/amendment date	e 🕨	c		

		~~~~~	******			
		*********				

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.