

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>04/01/1990</u>
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BARRETT BUSINESS SERVICES, INC.</u> <u>8100 NE PARKWAY DRIVE</u> <u>SUITE 200</u> <u>VANCOUVER, WA 98662</u>	2b	Employer Identification Number (EIN) <u>52-0812977</u>
		2c	Plan Sponsor's telephone number <u>360-828-0700</u>
		2d	Business code (see instructions) <u>561300</u>

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	KIM SCHENK
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 13073
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 12051 6a(2) 13764 6b 18 6c 1080 6d 14862 6e 8 6f 14870 6g 3022 6h 36
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 3D 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	930044	3022	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	78780
5 Current value of plan's interest under this contract in separate accounts at year end	5	83973044

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year..... **7b** 89230

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	32	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	169228	

▶ EBA ADDITIONS, EBA REALLOCATION TO PPTS

(6) Total additions..... **7c(6)** 169260

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 258490

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	179710	

▶ ALLOCATED ADV ER, OTHER EXPENSES

(5) Total deductions..... **7e(5)** 179710

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 78780

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	93044	3022	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 974**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION**b** Balance at the end of the previous year **7b** 202**c** Additions: (1) Contributions deposited during the year **7c(1)** 838(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 146(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 984**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1186**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 212

▶ ALLOCATED ADV ER

(5) Total deductions **7e(5)** 212**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 974

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	46975	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.				
c EIN-PN 39-0989781-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24199717		
a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BOND RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.				
c EIN-PN 39-0989781-100	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1890951		
a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON CASH RESERVE RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.				
c EIN-PN 39-0989781-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5482841		
a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER CAPITAL APPRECIATION RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.				
c EIN-PN 39-0989781-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2213926		
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.				
c EIN-PN 39-0989781-235	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3278360		
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA CONTRARIAN CORE				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.				
c EIN-PN 39-0989781-634	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1325737		
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED INSTITUTIONAL HIGH YIELD				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.				
c EIN-PN 39-0989781-575	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2232381		

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2083701
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a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID CAP GROWTH RET O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2190789
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a Name of MTIA, CCT, PSA, or 103-12 IE: IVY INTERNATIONAL CORE EQUITY RET O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-535	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1108004
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES RET O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1513577
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1827680
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL TOTAL RETURN BOND RET OP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-602	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1550559
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2812341
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE GROWTH STOCK RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-606	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3482059
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2020 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3595198
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2025 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3760245
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2030 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3025755
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2590523
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1523673
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2045 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1731606
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2050 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1371388
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2055 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	385871
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2060 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-612	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	139186
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX RETIREM			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	360815
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-143	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1082194
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	607796

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY ESTABLISHED VALUE RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-613	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4174877
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE DISCOVERY RET

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-546	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2431293
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.		D Employer Identification Number (EIN) 52-0812977

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	268523	135153
(2) Participant contributions	1b(2)	186444	104246
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	23674	31803
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	2387447	2499868
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	92501904	83973044
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	91063	79754
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1) 493870	348914
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 95952925	87172782
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j 113846	80781
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 113846	80781
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 95839079	87092001

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 4283848	
	(B) Participants	2a(1)(B) 10781854	
	(C) Others (including rollovers)	2a(1)(C) 994622	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	16060324
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E) 114591	
	(F) Other	2b(1)(F) 8129	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	122720
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-4702009
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-38212
d Total income. Add all income amounts in column (b) and enter total	2d		11442823

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9239346	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9239346
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	46975	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		46975
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9286321

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2156502
l Transfers of assets:			
(1) To this plan.....	2l(1)		1255337
(2) From this plan.....	2l(2)		12158917

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PERKINS & COMPANY, PC

(2) EIN: 93-0928924

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
ADP, PLAN NAME FAY BROTHERS INC. 401(K) PSP TRUST	33-0909077	001
SAPIEN TECHNOLOGIES, INC.	94-3109391	001
PEOPLELEASE LLC/PLC SERVICES, LLC 401(K) PLAN	57-0993401	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VERSATILE SYSTEMS INC. 401(K) PLAN	90-0423398	001
GORDON REESE DESIGN BUILD 401(K) PLAN	46-0695475	001
PRINCIPAL LIFE, CTM 401(K) PLAN	90-0596205	002
AUS DECKING INC. 401(K) PLAN AND TRUST	82-2715079	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP, PLAN NAME JAMIE YOUNG COMPANY	95-4655948	001
PRINCIPAL FINANCIAL GROUP PLAN	45-4161764	002
RIVERHORSE LOGISTICS, LLC RETIREMENT READINESS 401(K) PLAN	81-4249645	001
SUPPORT FOR FAMILY LLC 401(K) PLAN/RELIANCE TRUST	81-0878887	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HELPSIDE 401(K) PLAN	87-0476353	001
GRACE BIO LAB INC., 401(K) PLAN	38-2774644	001
AVITAS GROUP 401(K) PLAN	81-0509024	333
DEAL MECHANICAL INC., 401(K) P/S PLAN	27-0067024	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARRETT BUSINESS SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>52-0812977</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental Schedule
December 31, 2018 and 2017
With Independent Auditor's Report



BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
DECEMBER 31, 2018 AND 2017
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Barrett Business Services, Inc. Retirement Savings Plan
Vancouver, Washington

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Barrett Business Services, Inc. Retirement Savings Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Transamerica Life Insurance and Annuity Company and Matrix Trust Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2018 and 2017, and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Perkins & Company, P.C.

October 3, 2019

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
INVESTMENTS AT FAIR VALUE:		
Transamerica Life Insurance and Annuity Company:		
Interest-bearing cash	\$ 79,754	\$ 91,063
Pooled separate accounts	83,973,044	92,501,904
Matrix Trust Company:		
Money market mutual fund	31,803	23,674
Barrett Business Services, Inc. common stock	348,914	493,870
	<u>84,433,515</u>	<u>93,110,511</u>
RECEIVABLES:		
Participants' contributions	104,246	186,444
Employers' contributions	135,153	268,523
Notes receivable from participants	2,499,868	2,387,447
	<u>2,739,267</u>	<u>2,842,414</u>
TOTAL ASSETS	<u>87,172,782</u>	<u>95,952,925</u>
<u>LIABILITIES</u>		
EXCESS CONTRIBUTIONS PAYABLE	<u>80,781</u>	<u>113,846</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 87,092,001</u>	<u>\$ 95,839,079</u>

See notes to financial statements.

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (4,740,221)	\$ 11,761,449
Interest and dividends	8,129	7,950
	<u>(4,732,092)</u>	<u>11,769,399</u>
Interest income on notes receivable from participants	114,591	84,915
Contributions:		
Participants'	10,781,854	9,583,549
Employers'	4,283,848	3,973,428
Participants' rollover	994,622	1,049,369
	<u>16,060,324</u>	<u>14,606,346</u>
Plan mergers	<u>1,255,337</u>	<u>6,276,866</u>
	12,698,160	32,737,526
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Plan transfers out	12,158,917	5,581,897
Distributions to participants and beneficiaries	9,239,346	5,576,461
Administrative expenses	46,975	118,207
	<u>21,445,238</u>	<u>11,276,565</u>
NET INCREASE (DECREASE)	(8,747,078)	21,460,961
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	95,839,079	74,378,118
End of year	<u><u>\$ 87,092,001</u></u>	<u><u>\$ 95,839,079</u></u>

See notes to financial statements.

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

NOTE 1 – DESCRIPTION OF PLAN

The following is a general description of the Barrett Business Services, Inc. Retirement Savings Plan (“the Plan”). Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General - The Plan is a defined contribution plan which was effective April 1, 1990. Approximately 100 client companies (“Participating Employers”) of Barrett Business Services, Inc. (“the Company”) have adopted the Plan. Each Participating Employer may elect its own eligibility requirement for service and age and its own vesting schedule. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions - Contributions consist of employee elective deferrals, after tax elective deferrals, employer matching contributions, safe-harbor contributions and retirement savings contributions. Participants may voluntarily contribute up to 100% of their compensation, limited to \$18,500 and \$18,000 in 2018 and 2017, respectively, as prescribed by the Internal Revenue Code (“IRC”). Participants age 50 and older may elect to make an additional catch-up contribution of \$6,000 in 2018 and 2017. Each Participating Employer may make or may be required to make a matching, profit sharing, or safe-harbor contribution as stated in their adoption agreement.

Participant Accounts - Each participant’s account is credited with the participant’s contribution, an allocation of the Participating Employer’s contribution and Plan earnings, and charged with an allocation of investment management expenses. Allocations are based on participants’ earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

Vesting - Participants are fully vested in their contributions and actual earnings thereon. Each Participating Employer may elect its own vesting schedule for its contributions but may not exceed vesting 20% after two years of service and 20% annually thereafter, until 100% vested. Participants are 100% vested upon death, total and permanent disability, and after attaining normal retirement age.

Payment of Benefits - Upon attaining normal retirement age of 65 (or age 55 if participant held an account under Barrett Business Services, Inc. Employees Savings Plan and Trust), death, termination of employment, or disability; a participant, or his or her beneficiary, may elect to receive a lump-sum amount or installment payments equal to the participant’s vested account balance over a period not more than the participant’s assumed life expectancy. Account balances that are under \$1,000 may be automatically paid out at the discretion of the Company. Balances between \$1,000 and \$5,000 may be transferred to an IRA, also at the discretion of the Company.

Forfeitures - Forfeitures of unvested benefits are used first to offset administrative expenses and any remaining forfeitures are available to offset future employer contributions. Total forfeitures used to reduce employer contributions were \$506 and \$701 in 2018 and 2017, respectively. There were no forfeitures used to reduce administrative expenses in 2018. Total forfeitures used to reduce administrative expenses were \$17,990 in 2017. Total forfeitures available at December 31, 2018 and 2017 were \$67,703 and \$55,965, respectively.

Expenses - Administrative expenses may be paid by the Company. Administrative and investment expenses not paid by the Company are satisfied in part through fees received by the Plan through revenue sharing with the Plan's custodian, Transamerica Life Insurance and Annuity Company and from forfeitures. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. All participant accounts are charged with an annual recordkeeping fee and remaining administrative expenses are charged to participants' accounts based on relative average account balances. Investment operating expenses are deducted from investment earnings before allocation to participants' accounts. Certain expenses of plan administration, including computer services, professional fees, office supplies and payroll expenses of administrative and clerical personnel are provided by the Company without charge to the Plan. Total revenue sharing received by the Plan amounted to \$274,961 and \$229,950 in 2018 and 2017. Total revenue sharing applied to Plan expenses were \$285,412 and \$180,620, respectively. Unallocated revenue sharing was \$78,780 and \$89,230 at December 31, 2018 and 2017, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year and management and operating expenses associated with the Plan's investments.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2018 or 2017. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Benefit Payments - Benefits are recorded when paid. Accordingly, benefits payable to persons who have elected to withdraw from the Plan but not yet paid have not been accrued. At December 31, 2018 and 2017, there were no such amounts payable to participants.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 3 – RECENTLY ISSUED ACCOUNTING STANDARDS

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, including the removal, modification to, and addition of certain disclosure requirements. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. Early adoption is permitted for any removed or modified disclosures. Plan management is currently evaluating the impact the ASU will have on the Plan's financial statements.

NOTE 4 – FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Basis of Fair Value Measurement

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the plan has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Pooled Separate Accounts (“PSAs”): The Plan holds a group annuity contract issued by Transamerica Life Insurance and Annuity Company. The contract allows the Plan to participate in pooled separate accounts, each of which holds underlying investments. The PSAs invest in a single mutual fund, multiple mutual funds or in a portfolio of securities. The PSAs are valued based on the underlying investments (i.e., common stock, mutual funds, or short-term securities). While the majority of the PSAs’ underlying asset values are based on quoted prices, the net asset value (“NAV”) of the pooled separate account is not publicly quoted. The NAV is reported by the fund managers as of the financial statement date based on recent transaction prices and is used as a practical expedient to estimate fair value. The Plan is permitted to redeem investment units at NAV on the measurement date.

Money Market Mutual Fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Interest-Bearing Cash: Recorded at cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2018 and 2017:

Investment Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 79,754	\$ -	\$ -	\$ 79,754
Money market mutual funds	31,803	-	-	31,803
Common stock	348,914	-	-	348,914
Total assets in fair value hierarchy	460,471	-	-	460,471
Pooled separate accounts measured at NAV (a)	-	-	-	83,973,044
Total investments at fair value	\$ 460,471	\$ -	\$ -	\$ 84,433,515

Investment Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 91,063	\$ -	\$ -	\$ 91,063
Money market mutual funds	23,674	-	-	23,674
Common stock	493,870	-	-	493,870
Total assets in fair value hierarchy	608,607	-	-	608,607
Pooled separate accounts measured at NAV (a)	-	-	-	92,501,904
Total investments at fair value	\$ 608,607	\$ -	\$ -	\$ 93,110,511

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investment in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2018 and 2017, respectively:

	December 31, 2018 Fair Value	December 31, 2017 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts	\$ 83,973,044	\$ 92,501,904	N/A	Daily	None

NOTE 5 – NOTES RECEIVABLE FROM PARTICIPANTS

The Plan makes loans to participants based on their vested account balance. The minimum loan amount is \$1,000 and is limited to 50% of their vested account balance or \$50,000, whichever is less. Loan provisions provide for a term not to exceed five years and interest rates, repayment schedules and collateral similar to those offered by financial institutions that grant similar loans. Loan interest rates range from 4.25% to 7.00% on loans outstanding at December 31, 2018. Principal and interest are paid ratably through monthly payroll deductions.

NOTE 6 – INFORMATION CERTIFIED BY CUSTODIANS OF THE PLAN

The following is a summary of the comparative unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, that was certified by the custodians of the Plan, Transamerica Life Insurance and Annuity Company and Matrix Trust Company, as of December 31, 2018 and 2017 and for the years then ended, and furnished to the plan administrator. The plan administrator has obtained certifications from the custodians that such information is complete and accurate.

	2018	2017
Investments	\$ 84,433,515	\$ 93,110,511
Net appreciation (depreciation) in fair value of investments	\$ (4,740,221)	\$ 11,761,449
Interest and dividends	\$ 8,129	\$ 7,950

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Transamerica Life Insurance and Annuity Company and Matrix Trust Company manage certain investments of the Plan and are also the custodians. These transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of the Company's common stock. The Company is the sponsor as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan held 6,092 and 7,656 shares of the Company's common stock during 2018 and 2017, respectively.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company and individual Participating Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event such discontinuance results in the termination of the Plan, the accounts of all participants would become fully vested.

Seventeen and nine participating employers had plan terminations in 2018 and 2017, respectively, and transferred their assets to other plans. One participating employer terminated their plan in 2018 and participant accounts were distributed. All participants affected by the Plan terminations became 100% vested in their accounts prior to the transfer out or distribution of participant accounts.

NOTE 9 – PLAN MERGERS

During 2018, the Plan received transfers of assets from other plans of Participating Employers that totaled \$1,255,337. These included \$49,381 from GBWY Investment Group, Inc., \$91,155 from Chino Steel, Inc., \$5,290 from Pacific Valley Fire Protection, \$44,768 from Construction Solutions Company, LLC, \$9,210 from Facility Solutions, LLC, \$153,979 from Jerry's Welding & Machine, \$334,717 from QST Ingredients and Packaging, \$260,041 from Seabreeze Maintenance Corporation, \$49,794 from East of the Bay, \$2,221 from Arubbot Ha Shamayin, Inc. dba Pacific Services, \$246,638 from Don Tankersley Construction LTD, and \$8,143 from Mikala Corp. dba A-1 Tree Service.

During 2017, the Plan received transfers of assets from other plans of Participating Employers that totaled \$6,276,866. These included \$50,840 from GBWY Investment Group, Inc., \$16,505 from Racing Green, LTD, \$470,596 from Grayd-A Precision Metal Fabricators, \$626,043 from IBEX, Inc., \$4,443,589 from Utah Controls, Inc., \$375,888 from Grace Bio Labs, Inc., \$17,681 from Jaelyn, Inc., and \$275,724 from Ammocom, Inc.

NOTE 10 – PLAN TRANSFERS OUT

During 2018, the Plan had assets transferred to other plans that totaled \$12,158,917. These included \$1,094,289 to Vision Scenery Corporation, Inc., \$192,651 to Fay Brothers, \$1,868,639 to Sapien Technologies, \$37,687 to Southern Counties Terminals, Inc., \$115,001 to Versatile Systems, \$5,210 to Gordon Reese Construction, \$706,717 to CTM Apartment Services, \$219,959 to AUS Decking, Inc., \$281,611 to Jamie Young Co., \$678,056 to Sage Eldercare Solutions, LLC, \$1,103,455 to DGA Services, Inc. dba JIT Transportation, \$6,151 to Support for Family, \$5,282,252 to Utah Controls, Inc., \$470,658 to Grace BioLabs, \$23,040 to Disaster Restoration Specialists, \$63,661 to Deal Mechanical, Inc., and \$9,880 to Jim and Jack's, Inc.

During 2017, the Plan had assets transferred to other plans that totaled \$5,581,897. These included \$1,171,037 to Atkins Sheep Ranch, Inc., \$457,484 to All Phase Restoration, \$306,271 to Yellow Cab of Sacramento, \$957,643 to Steel Technology dba Hydro Flask, \$565,019 to Pacific Energy Services, \$1,723,815 to Humphrey Plumbing, \$285,029 to REIG Asset Management, \$60,514 to Compass Commercial, and \$55,085 to Royal Gardens of Camarillo.

NOTE 11 – CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan provides for investments that are exposed to various risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits, and therefore participants' account balances. There was one investment that individually represented more than 10% of the investments held as of December 31, 2018 and 2017. See the Supplemental Schedule of Assets (Held at End of Year) for the complete listing of investments held as of that date.

NOTE 12 – INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter, dated January 7, 2013, that the Plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan has been amended since submitting the determination letter request, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 13 – SUBSEQUENT EVENTS

The Plan's management has performed an evaluation of subsequent events through October 3, 2019, which is the date these financial statements were available to be issued.

Effective March 29, 2019, the Plan was restated to adopt a new Plan document sponsored by Milliman, Inc. and Matrix Trust Company became the Plan's trustee. Subsequent to the Plan restatement, assets of the Plan were transferred from Transamerica Life Insurance and Annuity Company, the former custodian, to Matrix Trust Company.

SUPPLEMENTAL SCHEDULE

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

EIN#: 52-0812977

PLAN#: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Barrett Business Services, Inc.	Common Stock	a	\$ 348,914
*	Transamerica Interest-Bearing Cash	Interest-Bearing Cash	a	\$ 79,754
*	Wilmington Prime Money Market Fund	Money Market Mutual Fund	a	\$ 31,803
	Victory Established Value	Pooled Separate Account	a	\$ 4,174,877
	Alger Capital Appreciation	Pooled Separate Account	a	\$ 2,213,926
	American Funds Washington Mutual Investors	Pooled Separate Account	a	\$ 3,278,361
	Columbia Contrarian Core	Pooled Separate Account	a	\$ 1,325,737
	Nuveen Real Estate Securities	Pooled Separate Account	a	\$ 1,513,577
	Franklin Small-Mid Cap Growth	Pooled Separate Account	a	\$ 2,190,789
	Fidelity Advisor Small Cap	Pooled Separate Account	a	\$ 2,083,701
	Oppenheimer Global Fund	Pooled Separate Account	a	\$ 1,827,680
	Federated Institutional High Yield Bond	Pooled Separate Account	a	\$ 2,232,381
	Templeton Foreign Fund	Pooled Separate Account	a	\$ 1,082,194
*	AEGON Balanced	Pooled Separate Account	a	\$ 24,199,717
*	AEGON Bond	Pooled Separate Account	a	\$ 1,890,951
*	AEGON Cash Reserve	Pooled Separate Account	a	\$ 5,482,841
	Ivy International Core Equity	Pooled Separate Account	a	\$ 1,108,004
	Prudential Total Return Bond	Pooled Separate Account	a	\$ 1,550,559
	SSgA S&P 500 Index	Pooled Separate Account	a	\$ 2,812,341
	T. Rowe Price Growth Stock Fund	Pooled Separate Account	a	\$ 3,482,059
	Vanguard Small Cap Index Fund	Pooled Separate Account	a	\$ 607,796
*	TA BlackRock Lifepath Index 2020 Fund	Pooled Separate Account	a	\$ 3,595,198
*	TA BlackRock Lifepath Index 2025 Fund	Pooled Separate Account	a	\$ 3,760,245
*	TA BlackRock Lifepath Index 2030 Fund	Pooled Separate Account	a	\$ 3,025,755
*	TA BlackRock Lifepath Index 2035 Fund	Pooled Separate Account	a	\$ 2,590,523
*	TA BlackRock Lifepath Index 2040 Fund	Pooled Separate Account	a	\$ 1,523,673
*	TA BlackRock Lifepath Index 2045 Fund	Pooled Separate Account	a	\$ 1,731,606
*	TA BlackRock Lifepath Index 2050 Fund	Pooled Separate Account	a	\$ 1,371,388
*	TA BlackRock Lifepath Index 2055 Fund	Pooled Separate Account	a	\$ 385,871
*	TA BlackRock Lifepath Index 2060 Fund	Pooled Separate Account	a	\$ 139,186
*	TA BlackRock Lifepath Index Retirement Fund	Pooled Separate Account	a	\$ 360,815
	Wells Fargo Advantage Discovery	Pooled Separate Account	a	\$ 2,431,293
*	Participant loans	Interest rates ranging from 4.25% to 7.00%	-	\$ 2,499,868

* - A party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Barrett Business Services Inc.
Contract Number: 930044
Employer Identification Number: 52-0812977
Plan Identification Number: 001
Plan Year End: December 31, 2018

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Barrett Business Services Inc.	84-9876654	31.87%
Techbuilt Inc.	93-6123357	0.01%
Rose City Moving & Storage	93-0475418	0.32%
WOODGRAINS AND STONE INC.	47-5178350	0.09%
Galbraith's Veterinary Clinic LLC	93-0711892	0.09%
Brian Egan Construction DBA Corvallis Custom Kitchen and Bath	93-1072177	0.00%
Emmons Roof Service Inc.	95-4349721	0.37%
Nordic Security Services	33-0656012	0.15%
All Star Event Productions Inc.	33-0810532	0.04%
C Trans Inc.	73-1707860	0.81%
Higher Ground Restoration dba Service Master Professionals	33-0936541	0.00%
P & G Restoration Services Inc.	68-0196593	0.41%
Southern California Fleet Services Inc.	33-0642224	1.06%
Morrison Concrete Inc.	33-0361713	0.20%
J.D. Pasquetti Inc.	94-2984838	1.34%
Sherms Custom Plating	91-1753558	0.23%
Consolidated Smart Systems LLC	95-4502914	0.27%
DNJ Property Management Services Inc. dba Common Interest Management Services I	01-0584545	2.96%
Vision Scenery Corporation Inc.	51-0592240	0.57%
Clean Endings LLC	20-1217041	0.00%
Schock Logistics Inc.	93-1072516	0.11%
Northwest Commercial Property Maintenance Inc.	93-1308966	0.01%
Jaridly Corporation dba The Original Mr. Cabinetcare	33-0383733	0.37%
Affordable Auto Rental & Sales Inc.	93-1255514	0.03%
S.S. Skikos Inc.	51-0423441	0.58%
Webster Mile High	82-0453508	0.00%
Frontier Property Group Ltd.	82-0344516	0.15%
Yellowstone Log Homes/Hand-Crafted	82-0488493	0.87%
Yellowstone Lumber LLC	20-1080694	0.14%
Webster Inc.	82-0453507	0.06%
Eckersell's Inc.	82-0372566	0.12%
InteGrow Malt LLC	52-2351441	1.83%
Rexburg Plumbing and Heating	82-0527973	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Neighborhood Pest Management Inc.	94-2317576	0.96%
River Partners Inc.	94-3302335	0.87%
EB Stone & Son Inc	94-2623935	0.47%
L. Nelson Properties Inc.	20-8609628	0.06%
Cottages of Hope	26-0752718	0.15%
Caruso Produce Inc.	93-0576185	1.97%
Krueger & Company Inc.	91-1756875	0.25%
Fay Brothers Inc.	33-0909077	0.11%
Ochoa Group Corporation	20-1950082	0.28%
Pappas Piping Services Inc.	20-1582143	0.06%
Trent Enterprises LLC	20-1620719	0.45%
Southland Electrical Supply Inc.	56-1580002	3.91%
G.Y.P. Enterprises Inc.	52-1575962	0.05%
Palm Valley Insurance	61-1549560	0.18%
Pacific West Communities Inc.	20-1657561	0.40%
Tubular Transport and Logistics LLC	27-4544258	0.00%
Janet P. Gross Inc. dba Heritage Landscapes	68-0372470	0.29%
High Desert Bank	26-0810925	0.03%
Beacon Rock Investments LLC	45-2419380	0.23%
Maximum Oil Service LLC	20-5070928	0.13%
Party City of Oregon Inc.	26-1919702	0.28%
Rimrock Trails ATS	93-1019081	0.42%
FT Eng Inc.	45-3189483	0.00%
Cargo Solution Express Inc.	04-3593325	2.52%
Nussbaum Automotive Solutions LP	46-1147633	0.33%
Sapien Technologies Inc.	94-3109391	0.71%
Noga's Air Conditioning Inc.	94-2211080	0.03%
Motive System Engineering Corp. dba Stroppini Enterprises	94-2220928	0.13%
Worldwide Group Transportation Solutions Inc.	68-0601886	0.22%
Simple Container Solutions Inc. dba Insulated Products Corporation	95-4853577	0.49%
M.S. West Enterprises	45-2449495	0.55%
The Al Angelo Company	91-1470107	1.63%
Wolfers Inc.	93-0606635	1.44%
Beaches YGHF Inc.	26-1482110	0.89%
South Valley Specialties Co.	87-0685191	0.33%
Galaxy Stone Works Inc.	32-0357768	0.85%
G & G Builders	94-3299733	0.40%
Hambro Forest Products Inc.	94-1583186	0.39%
Ruckstall California Sales Co. Inc.	94-2320429	0.05%
MHS Heating & Air Conditioning	26-4544848	0.16%
Kilter Home Services dba Kilter Termite Control	33-0652804	0.21%
Southern Counties Terminals Inc.	95-2830194	0.00%
EBY Construction Incorporated	90-0350576	0.16%
PD Products LLC dba Pipedream Products	46-3626005	2.30%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
VocalBooth.com Inc.	06-1740426	0.21%
Lauzon Contracting LLC	71-0910318	0.11%
All Counties Towing LLC	34-2004575	0.23%
Versatile Systems Inc	90-0423398	0.05%
Gordon Reese Construction Inc	46-0695475	0.04%
Rhino Enterprises Inc.	80-0612493	0.49%
Brighton Retirement Solutions Inc	47-1604653	0.00%
Scott Shaw Enterprise DBA Home Instead Senior Care	91-1823828	0.78%
GBWY Investment Group Inc.	26-2344233	0.00%
CTM Apartment Services	90-0596205	0.18%
Stagner Construction Inc.	42-1691498	0.00%
The Capes Homeowners Association	93-1130630	0.00%
Lane Workforce Partnership	93-0886373	0.54%
Sierra Pacific Lithographics Inc.	68-0251917	0.05%
ZV Construction	27-4498859	0.00%
AUS Decking Inc.	20-1259013	0.00%
Ravenswood Leather LLC	47-2655991	0.00%
Fresh from D'Vine	20-3588533	0.36%
MMx2 LLC	47-2263739	0.07%
PBD LLC DbA The Cleaning Authority	26-0583839	0.20%
Pro Star Towing Inc.	77-0408440	0.66%
Rogue Workforce Partnership	94-3143232	0.40%
Tom Gilmore & Associates LLC.	95-4573524	0.00%
KO Custom Fab Inc	83-1942042	0.57%
Marcan Enterprise	47-0905795	0.35%
Global Sales and Warehousing	47-1919399	0.00%
Kellogg Distributions Inc.	20-1345091	0.75%
Client API Global Transportation	45-4226940	0.47%
Michael McCutheon Construction Inc.	94-3054388	1.90%
Jamie Young Co.	95-4655948	0.50%
Wildlife Images Education & Rehabilitation Center	93-0793314	0.02%
Peak Well Services	20-2860968	0.70%
Delaplane Plumbing inc	02-0757328	0.38%
Harris West Recycling & Solid Waste Equipment Sales & Service Inc.	88-0283567	0.36%
Citywide Fibers Inc	94-3334077	0.40%
Central Oregon Health Council	46-0534726	0.21%
Akra Plastic Products Inc.	95-2803845	0.21%
Sage Eldercare Solutions LLC	45-4161764	0.00%
Michael Cruz Construction Inc.	20-1148470	0.00%
A-1 Septic Tank Service Inc.	94-1690895	0.23%
Porter Boiler Service	95-2387073	0.26%
Cairn Inc.	61-1775223	0.17%
One Hour Delivery Service Inc.	94-3282326	0.17%
American Truck Bodies & Repair Inc.	95-4717868	0.44%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Glistening Water Pool Service LLC	45-0827179	0.01%
DGA Service Inc. dba JIT Transportation	77-0337701	0.41%
Registry of Physician Specialists A Medical Corporation	68-0332129	0.25%
Turning Point Physical Therapy LLC	59-3832041	0.01%
A Firm Foundation Inc.	46-0518519	0.19%
BR Enterprises	37-1796365	0.00%
SAF-COM Supply Inc.	95-4031560	0.66%
Support for Family LLC	81-0878887	0.01%
Araya Construction Inc. dba ServPro	76-0722507	0.29%
Partners In Care LLC	46-5010159	0.08%
Vitalah LLC.	32-0256812	0.03%
Graham's Towing Inc.	33-0301191	0.00%
Gullings Inc.	47-2620868	0.17%
Javier R. Rios MD. A Professional Corporation	33-0773865	0.61%
180 Snacks dba Mareblu Naturals	20-1142518	0.00%
NCS Moving Services	45-4614733	0.48%
Racing Green Ltd.	46-2262712	0.23%
One Grounds Management	20-8206474	0.14%
Doctor Cover Inc.	27-1776388	0.37%
Grayd-A Precision Metal Fabricators	95-2677728	0.00%
Integrated Water Management	27-2858895	0.03%
Zed Electric Inc.	35-2189695	0.00%
Rose Manufacturing Group Inc.	33-0937172	0.12%
Affordable Foundation Solutions	46-2851889	0.00%
JJR Restoration Inc.	80-0635272	0.07%
EMT Enterprises Inc.	93-1223813	0.13%
Two Oaks Sweeping LLC	80-0932730	0.21%
Lanik Enterprises Inc.	20-8991445	0.20%
IBEX Inc.	20-3909761	0.38%
LTD Inc.	93-1240268	0.18%
Fullview Aluminum & Glass Inc.	52-2291877	0.04%
Creighton Way Inc.	47-2408783	0.04%
South Bay Senior Services Inc. dba Homewatch Care Givers	20-8060482	0.00%
G.K. Welding Inc	94-3320256	0.00%
Utah Controls Inc	87-0496338	0.08%
Grace Bio Labs	28-2775644	0.00%
South Coast Piering Inc. dba Saber	37-1454935	0.28%
Dignity Senior Care	46-2313431	0.01%
Insure It All LLC	27-1046011	0.05%
Fidelity Senior Solutions LLC. dba Home Instead Senior Care	81-2875142	0.02%
Jaelyn Corporation	33-0905440	0.16%
O.A. Cargo	20-8721762	0.24%
San Diego Concrete Pumping Inc	33-6782954	0.07%
Kimbell & Brown Construction Inc.	27-0654566	0.01%
Giraffe Laugh Early Learning Centers	82-0481812	0.16%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Peace of Mind Pest Control Inc. and Peace of Mind Home Inspections Inc.	30-0484910	0.13%
Disaster Restoration Professionals	59-3777147	0.06%
Delta Welding and Fabrication Inc.	77-0494373	0.44%
Ammocom Inc.	33-0707626	0.02%
Inland Regional Hospice LLC	46-1682701	0.42%
Magna Trans LLC	47-1002388	0.43%
Deal Mechanical Inc.	27-0067024	0.00%
3D Environmental Inc.	82-0575358	0.17%
KA Designs LLC.	20-0549913	0.02%
Luis Segura Trucking Inc	47-3807454	0.19%
Chino Steel Inc	26-4255787	0.02%
Jeffrey Talmadge Construction Inc.	77-0533297	0.75%
Charles Messina Plumbing and Electric Co. Inc	51-0316303	0.34%
R.W. Hays Co. dba Hays Oil Company	93-0643243	0.19%
CMI Masonry Inc.	46-2453139	0.27%
Jim & Jack's Inc.	95-3441830	0.07%
Caltron Construction Inc.	95-4570684	0.30%
Sunset Services Inc. dba Home Instead Senior Care	86-0813215	0.50%
EarthCruiser USA LLC	46-2730217	0.15%
Joshua Grading & Excavating	20-0072705	0.52%
Alpha Impressions Inc.	91-1947980	0.04%
Roost Services	46-4374271	0.13%
Paquin Design Builder Inc.	20-4024587	0.01%
Szeremi Sweeping Service LLC	54-2075589	0.03%
Mello Trucking Inc.	45-4722507	0.01%
MCC Management	82-1999023	1.00%
Lloyd's Custom Woodwork Inc.	87-0753802	0.07%
Pacific Valley Fire Protection	27-1662819	0.15%
Gamboa Inc. dba Metro Steel	33-0775297	0.32%
Ellis Fence Co. Inc.	47-1681364	0.10%
Kodiak Carbonic LLC	47-1124017	0.15%
Construction Solutions Company LLC	45-1332745	0.15%
Facility Solutions	46-4634409	0.04%
Mike's Custom Flooring Inc.	61-1605454	0.02%
Work Inc.	84-1383403	0.02%
A-1 Ready Mix Inc.	27-2662647	0.02%
Ernie and Son's Scaffolding DBA Unique Scaffold	27-5104124	0.18%
Jerry's Welding and Machine Inc.	20-3179927	0.03%
QST Ingredients & Packaging	91-2121763	0.41%
Plant Prefab	47-5560159	0.11%
Allways Towing LLC	41-2103772	0.07%
Mansfield Alarm Company Inc.	91-2092647	0.18%
Colin Morrell dba Lonesome Spring Ranch	91-1765533	0.00%
SeaBreeze Maintenance Corp.	95-4426207	0.16%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Ultra Pure Water Inc.	20-1981720	0.00%
Inland Powder Coating Corporation	33-0045795	0.00%
Dry Zone LLC	86-1161686	0.07%
Nick Campi dba Campi Development	26-4758108	0.00%
Shaner Enterprises Inc.	91-1802791	0.08%
Black Tiger Low Voltage Systems.	26-3468811	0.01%
Corporate Sign Systems Inc.	77-0483263	0.14%
Got Watts Electric Inc.	47-3920244	0.14%
Tore 93 LLC	26-2991358	0.05%
Severin Mobile Towing Inc. dba USA Towing and Recovery	20-8020015	0.04%
Jenal Engineering Corporation	33-0403083	0.58%
Bakersfield Recovery Services Inc. dba Jason's Retreat Capistrano Community	77-0168396	0.03%
Desert Sanctuary Inc.	95-3837425	0.09%
Lawson Home Services LLC	27-3425457	0.00%
Steri-Clean Inc.	45-3088381	0.00%
Mauranda Inc. dba Ross Painting	94-3310017	0.04%
Primo Construction LLC dba Primo Exteriors Construction LLC	39-2066898	0.00%
Phoenix Building Inc.	57-1162798	0.03%
East of the Bay LLC	02-0763018	0.03%
My Window Solutions Inc.	47-1484878	0.00%
Advocates for Independence LLC	46-1989678	0.04%
JB Marble Co.	95-4344581	0.04%
J&J Services Swimming Pools & Billiards Inc.	46-4339452	0.02%
Primestar Property Solutions	47-2085172	0.00%
Ecopoint Inc.	81-5211255	0.01%
A-1 Alloys Inc.	33-0354384	0.01%
Misty Morning Trucking LLC	47-5130093	0.05%
Morton's Towing and Recovery Inc.	02-0661195	0.00%
FST Services Inc. dba Fuentes & Sons Transportation	45-5459992	0.10%
Stay Safe Construction and Transport Inc. dba Stay Safe Mechanical	26-0322448	0.14%
Schicker Luxury Shower Doors	68-0488740	0.06%
GDMI ENT Inc. dba Napa Auto Parts	93-1318354	0.01%
Fury Transport LLC	81-5133896	0.01%
Arubbot Ha Shamayin Inc. dba Pacific Services and Pacific Window Washing	04-3813746	0.01%
Don Tankersley Construction LTD	93-1319042	0.08%
Zuheir Inc. dba Comprehensive Glass Works	33-0290431	0.15%
Mikala Corp dba A-1 Tree Services and Stump Removal	82-3206407	0.00%
Diamond Truss Inc.	81-2805334	0.04%
Demolition King Inc.	46-1651954	0.01%
LANDD Enterprises Inc. dba Kelly's Automotive Service	83-0391853	0.09%
American Home & Stone Inc.	20-2067400	0.01%
CalWes Homes Inc.	27-2906834	0.04%
TRS Construction Inc. dba Schian Commercial Construction	45-4931069	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Lucky Limousine and Towncar Service LLC	93-1306758	0.00%
Country Builders Construction Inc.	27-3713251	0.00%
DiMill Enterprises LLC dba ERS of North Carolina ART of North Carolina	46-0536292	0.00%
True North Trucking Company	82-1772178	0.00%
Aspire Behavioral Care	46-3904059	0.00%
Queen City Therapy PLLC dba Little Wonders Pediatric Therapy	82-4855972	0.00%
Safari West Inc.	20-2026695	0.00%
AWT Construction Group Inc.	26-1601345	0.00%
Sandy Business Enterprises LLC dba Sandy Arlo Amom	45-4214415	0.00%
Decco Castings Inc.	95-2888682	0.00%
Bedrock Protection Agency LLC	46-2405248	0.00%
Dirtworks Contracting Inc.	01-0958534	0.00%
Rogue Valley Children's Discovery Museum Inc. dba Kid Time Discovery Experience	93-1258855	0.00%
Wickman Development and Construction dba Wickman Development	80-0799466	0.00%
Santiam Enterprises Inc.	93-0901714	0.00%
All Cars Tire Service Inc. dba Crossroads Towing	94-2535043	0.00%
Moderno Inc.	47-3062218	0.00%
Nino's Food Distribution	27-2346009	0.00%
States Towing LLC dba Bishop Towing & Repair	46-3767174	0.00%
Melvin Manuel Cardozo dba ASC Builder Inc.	47-3593803	0.00%
SJF Transmission Inc. dba AAMCO of Morena Blvd	90-0518538	0.00%
Barbur Blvd. Rentals Inc.	93-0680109	0.00%
Pacific Grading and Erosion Control Inc.	26-2172463	0.00%
West Tow Inc.	41-2197759	0.00%
Utopia Home Care Inc.	27-0616420	0.00%
Bedrock Special Projects LLC	82-4988347	0.00%
Somm Inc.	81-2688437	0.00%

Barrett Business Services, Inc. Retirement Savings Plan
EIN No.: 52-0812977, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2018

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Life Ins. Co.	Insurance Company/General Account	\$ 79,753
	Transamerica Life Insurance Co.	AEGON Balanced Ret Opt	\$ 24,197,181
	Transamerica Life Insurance Co.	AEGON Bond Ret Opt	\$ 1,890,951
	Transamerica Life Insurance Co.	AEGON Cash Reserve Ret Opt	\$ 5,482,841
	Transamerica Life Insurance Co.	Alger Capital Appreciation Ret Opt	\$ 2,213,926
	Transamerica Life Insurance Co.	American Funds Washington Mutual Investors Ret Opt	\$ 3,278,361
	Transamerica Life Insurance Co.	Columbia Contrarian Core Ret Opt	\$ 1,325,737
	Transamerica Life Insurance Co.	Federated Instl High Yield Bond Ret Opt	\$ 2,232,381
	Transamerica Life Insurance Co.	Fidelity Adv Small Cap Inv Opt	\$ 2,083,701
	Transamerica Life Insurance Co.	Franklin Small-Mid Cap Growth Ret Opt	\$ 2,190,789
	Transamerica Life Insurance Co.	Ivy International Core Equity Ret Opt	\$ 1,108,004
	Transamerica Life Insurance Co.	Nuveen Real Estate Securities Ret Opt	\$ 1,513,577
	Transamerica Life Insurance Co.	Oppenheimer Global Ret Opt	\$ 1,827,680
	Transamerica Life Insurance Co.	Prudential Total Return Bond Ret Opt	\$ 1,550,560
	Transamerica Life Insurance Co.	State Street S&P 500 Index Ret Opt	\$ 2,812,341
	Transamerica Life Insurance Co.	T. Rowe Price Growth Stock Ret Opt	\$ 3,482,060
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2020 Ret Opt	\$ 3,595,198
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2025 Ret Opt	\$ 3,760,245
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2030 Ret Opt	\$ 3,025,755
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2035 Ret Opt	\$ 2,590,523
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2040 Ret Opt	\$ 1,523,673
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2045 Ret Opt	\$ 1,731,606
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2050 Ret Opt	\$ 1,371,388
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2055 Ret Opt	\$ 385,872
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2060 Ret Opt	\$ 139,186
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index Retirement Ret Opt	\$ 360,815
	Transamerica Life Insurance Co.	Templeton Foreign Ret Opt	\$ 1,082,194
	Transamerica Life Insurance Co.	TA Vanguard Small-Cap Index Ret Opt	\$ 607,796
	Transamerica Life Insurance Co.	Victory Sycamore Established Value Ret Opt	\$ 4,174,877
	Transamerica Life Insurance Co.	Wells Fargo Discovery Ret Opt	\$ 2,431,293
		Separate Accounts Total	\$ 83,970,507
	Wilmington	Wilmington Prime Money Market Fund	\$ 23,674
*	Barrett Business Services, Inc.	Common Stock	\$ 348,914
*	Participants	Notes Receivable with interest rates of 4.25% to 7.00%	\$ 2,499,867
		TOTAL PLAN ASSETS	\$ 86,922,715

* Indicates Party-In-Interest to the Plan