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|---|--|---|
| Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF. | OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection |
|---|--|---|

| | |
|--|--|
| Part I | Annual Report Identification Information |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>03/16/2018</u> | |
| A This return/report is for: | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
| B This return/report is | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months) |
| C Check box if filing under: | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description) |

| | | | |
|--|--|-------------------|--|
| Part II | Basic Plan Information —enter all requested information | | |
| 1a Name of plan | <u>TRIO NORTHWEST BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST</u> | | |
| | 1b Three-digit plan number (PN) ► | <u>001</u> | |
| | 1c Effective date of plan | <u>01/01/2016</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) | 2b Employer Identification Number (EIN) <u>91-1994217</u> 2c Sponsor's telephone number <u>206-728-8181</u> 2d Business code (see instructions) <u>541990</u> | | |
| <u>TRIO NORTHWEST BUSINESS SOLUTIONS</u> <u>10700 SE 174TH ST STE 101</u> <u>RENTON, WA 98055-5472</u> | <u>10700 SE 174TH ST STE 101</u> <u>RENTON, WA 98055-5472</u> | | |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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. | 4b EIN 4d PN | | |
| a Sponsor's name c Plan Name | | | |
| 5a Total number of participants at the beginning of the plan year | 5a | <u>4</u> | |
| b Total number of participants at the end of the plan year | 5b | <u>0</u> | |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 5c | <u>0</u> | |
| d(1) Total number of active participants at the beginning of the plan year | 5d(1) | <u>4</u> | |
| d(2) Total number of active participants at the end of the plan year | 5d(2) | <u>0</u> | |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 5e | <u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. | | | |
| SIGN HERE | <u>Filed with authorized/valid electronic signature.</u> | <u>03/03/2021</u> | <u>RYAN BEATTY</u> |
| | 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 |

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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| a Total plan assets | 7a | 12034 | 0 |
| b Total plan liabilities | 7b | 0 | 0 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 12034 | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | 0 | |
| (2) Participants | 8a(2) | 0 | |
| (3) Others (including rollovers) | 8a(3) | 0 | |
| b Other income (loss) | 8b | 235 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 235 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 12194 | |
| e Certain deemed and/or corrective distributions (see instructions) . | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 75 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 12269 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | -12034 |
| j Transfers to (from) the plan (see instructions) | 8j | 0 | |

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 During the plan year: | | Yes | No | Amount |
|---|------------|------------|-----------|---------------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| c Was the plan covered by a fidelity bond? | 10c | | X | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | X | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

c 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.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |

October 29, 2020

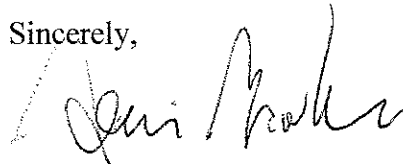
Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0018

RE: Notice CP-403
Trio Northwest Business Solutions (EIN: 91-1994217)

Dear Sirs or Madam:

Trio Northwest Business Solutions, Inc., received a notice showing that the Form 5500 for plan year 2017 and 2018 were not received by the IRS. We would like to request abatement of penalties for late filing. Our company had hired a third-party (through Paychex, Inc.) to complete and submit the 5500 on our behalf and we believed they had submitted the returns timely. We are unsure what happened to the original filings, nor do we understand why our company we hired did not submit them on our behalf. We contacted the organization and they provided us completed copies of the returns. We are providing newly signed and dated copies (5500-SF for 2017 and 2018) of the forms and attaching them. We are also including some supporting info showing that we used Paychex, Inc. for our 401k services. We were unaware that they were not filed and if known would have done so as soon as possible. We fully relied on this professional organization to do so and therefore believe we have established reasonable cause to remove penalties for the late filing. We sincerely apologize and thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis Brooks", written over a faint horizontal line.

Dennis Brooks

Enclosures

OGDEN UT 84201-0018

BOD CD-TE
** IF YOU HAVE ANY QUESTIONS, **
** REFER TO THIS INFORMATION: **
NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 10-19-2020
TAXPAYER IDENT. NUM: 91-1994217
FORM: 5500SF PLAN #: MULTIPLE
PLAN YEAR ENDING: MULTIPLE


TRIO NORTHWEST BUSINESS SOLUTI
10700 SE 174TH ST STE 101
RENTON WA 98055-5472267

13179

**REQUEST FOR INFORMATION ABOUT YOUR FORM 5500 or FORM 5500-SF
WRITTEN RESPONSE REQUIRED**

Why Are You Getting This Notice?

We do not have a record of receiving your Form 5500SF information from the Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) for the plan number and/or plan period ending indicated below:

| Plan Number | Plan Period Ending |
|-------------|--------------------|
| 001 | 12-31-2017 |
| 001 | 12-31-2018 |

What You Need To Do

We urge you to review the items below, complete the appropriate section of this notice and return it to us by 11-19-2020.

1. If you filed the return within the last four weeks and used the name, employer identification number (EIN) and plan number shown above, disregard this notice.
2. Complete Section I of this notice if you have already filed the return.
3. Complete Section I of this notice if you filed the return using an EIN, plan name, plan number, or plan year ending different from those shown above.
4. Complete Section II of this notice if you are not required to file for the plan number and/or plan year ending shown above.
5. If you are required to file a Form 5500 or Form 5500-SF electronically and you need more information, go to www.efast.dol.gov.
6. If you are required to file a Form 5500 and have not filed, you may be eligible to participate in the DOL Delinquent Filer Voluntary Compliance Program (DFVCP), which allows for substantially reduced EBSA penalties for delinquent filers and eliminates the IRS penalty. Information about the DFVCP is available on DOL's website, www.dol.gov/ebsa. If you are eligible for and have satisfied the requirements for participation in the DFVCP, check the box below and enter the date that you applied for participation in the DFVCP.

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 10-19-2020
TAXPAYER IDENT. NUM: 91-1994217
FORM: 5500SF PLAN #: MULTIPLE
PLAN YEAR ENDING: MULTIPLE

TRIO NORTHWEST BUSINESS SOLUTI
10700 SE 174TH ST STE 101
RENTON WA 98055-5472267

[] DFVC Program Date applied _____

Penalties for not Filing

If you were required to file and failed to do so, you may be liable under DOL regulations for civil penalties of up to \$1,100 per day for each return/report, along with IRS penalties of \$25 per day (up to \$15,000).

How to Get Forms, Instructions and Publications

Forms, instructions and publications are available on the IRS website at www.irs.gov or by calling the IRS Forms Distributions Center toll-free at 1-800-TAX-FORM (1-800-829-3676).

How To Get Help

For more information about this notice, visit the Retirement Plans Community web page at www.irs.gov/ep, click on "EP FAQs" in the left navigational box and click on "Form 5500 Notices - CP 403/406" under Plan Operations or if you need additional information on whom should file, refer to Section I of the Form 5500 or Form 5500-SF instructions. If you do not find the information you need, call the IRS Help Line at 1-877-829-5500 (toll free).

Response Due Date

Please send the information to us by 11-19-2020.

How to Send the Information to Us

Depending on how you respond to this notice, send us the information using one of the following:

1. If you already filed, complete Section I of this notice and send it to the address located in the heading of this notice or fax it to us at 855-214-7520.
2. If you are not required to file, complete Section II of this notice and send it to the address located in the heading of this notice or fax it to us at 855-214-7520.
3. If you are responding to this notice for multiple Plans, please complete the applicable sections for each plan as indicated above.

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 10-19-2020
TAXPAYER IDENT. NUM: 91-1994217
FORM: 5500SF PLAN #: MULTIPLE
PLAN YEAR ENDING: MULTIPLE

TRIO NORTHWEST BUSINESS SOLUTI
10700 SE 174TH ST STE 101
RENTON WA 98055-5472267

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form Employer Identification
Number (EIN) 91-1994217
Plan Year Ending 2018

Date filed with EBSA and Acknowledgement Plan Number
number: Unknown - new copies provided

Section II

Not Required to file

Please check the box that applies to you, a form was not filed
because:

- ☐ Plan in question is a Savings Incentive Match Plan for
Employees of Small Employers (SIMPLE) that involves
SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☐ Plan was terminated or merged into a new plan. You must
still file a "Final" return showing zero end-of-year assets,
zero participants, and mark "the final return filed for
the plan" box in part 1 of the form.
- ☒ Other:

Section III

Reason for not filing on time

Explain why you did not file on time:

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 10-19-2020
TAXPAYER IDENT. NUM: 91-1994217
FORM: 5500SF PLAN #: MULTIPLE
PLAN YEAR ENDING: MULTIPLE

TRIO NORTHWEST BUSINESS SOLUTI
10700 SE 174TH ST STE 101
RENTON WA 98055-5472267

03179

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

Employer Identification
Number (EIN) 91-1994217

Plan Year Ending 2017

Date filed with EBSA and Acknowledgement Plan Number
number: Unknown - New copies provided

Section II

Not Required to File

Please check the box that applies to you, a form was not filed
because:

- ☐ Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☐ Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.
- ☐ Other:

Section III

Reason for not filing on time

Explain why you did not file on time:

CASH REQUIREMENTS

CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR ELECTRONIC FUNDS TRANSFERS (EFT) FOR CHECK DATE 12/15/17: \$8,185.03

TRANSACTION SUMMARY

SUMMARY BY TRANSACTION TYPE -

| | |
|---|----------|
| TOTAL ELECTRONIC FUNDS TRANSFER (EFT) | 8,185.03 |
| CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR EFT | 8,185.03 |
| TOTAL REMAINING DEDUCTIONS / WITHHOLDINGS / LIABILITIES | 9.82 |
| CASH REQUIRED FOR CHECK DATE 12/15/17 | 8,194.85 |

TRANSACTION DETAIL

ELECTRONIC FUNDS TRANSFER - Your financial institution will initiate transfer to Paychex at or after 12:01 A.M. on transaction date.

| TRANS. DATE | BANK NAME | ACCOUNT NUMBER | PRODUCT | DESCRIPTION | BANK DRAFT AMOUNTS & OTHER TOTALS |
|-------------|-------------------------------------|----------------|--------------------|-----------------------|--------------------------------------|
| 12/14/17 | COLUMBIA STATE BANK | xxxxxx2855 | Direct Deposit | Net Pay Allocations | 5,909.25 |
| 12/14/17 | Refer to your HRS Agreement/Account | | 401(k) Traditional | PX401 ERMTCH | 144.00 |
| | | | | PX401 EECU | 36.00 |
| | | | | PX401 ERCUM | |
| | | | | PX401 EEPRE | 180.00 |
| | | | | | 360.00 |
| 12/15/17 | COLUMBIA STATE BANK | xxxxxx2855 | Taxpay® | Employee Withholdings | EFT FOR 12/14/17 |
| | | | | Social Security | 463.06 |
| | | | | Medicare | 108.30 |
| | | | | Fed Income Tax | 771.95 |
| | | | | Total Withholdings | 1,343.31 |
| | | | | Employer Liabilities | |
| | | | | Social Security | 463.05 |
| | | | | Medicare | 108.29 |
| | | | | WA Unemploy | 0.87 |
| | | | | WA Emp Adm Fund | 0.26 |
| | | | | Total Liabilities | 572.47 |
| | | | | | 1,915.78 |
| | | | | | EFT FOR 12/15/17 |
| | | | | | 1,915.78 |
| | | | | TOTAL EFT | 8,185.03 |

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

This Form is Open to
Public Inspection

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

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 03/31/2018

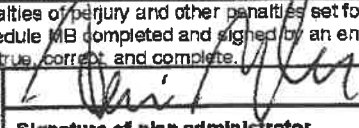
- A** This return/report is for:
- ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a one-participant plan ☐ a foreign plan
- B** This return/report is:
- ☐ the first return/report ☒ the final return/report
- ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- ☐ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

| | | |
|--|--|--|
| 1a Name of plan TRIO NORTHWEST BUSINESS SOLUTION 401(K) PROFIT SHARING PLAN & TRUST | | 1b Three-digit plan number (PN) ▶ 001 |
| 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) TRIO NORTHWEST BUSINESS SOLUTION 10700 SE 174TH ST STE 101 RENTON WA 98055-5472 | | 1c Effective date of plan 01/01/2018 2b Employer Identification Number (EIN) 91-1994217 2c Sponsor's telephone number (206) 728-8181 2d Business code (see instructions) 541990 |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. SAME | | 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 |
| 5a Total number of participants at the beginning of the plan year | | 5a 4 |
| b Total number of participants at the end of the plan year | | 5b 0 |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | 5c 0 |
| d(1) Total number of active participants at the beginning of the plan year | | 5d(1) 4 |
| d(2) Total number of active participants at the end of the plan year | | 5d(2) 0 |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | 5e 0 |

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

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

| | | | |
|--------------|---|------------|--|
| SIGN HERE |  | 10-24-2020 | DENNIS BROOKS |
| | 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 |

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

Form 5500-SF (2018)
v.171027

Form 5500-SF 2018

Page 2

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC Insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
if "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| a Total plan assets | 7a | 12034 | 0 |
| b Total plan liabilities | 7b | 0 | 0 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 12034 | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | 0 | |
| (2) Participants | 8a(2) | 0 | |
| (3) Others (including rollovers) | 8a(3) | 0 | |
| b Other income (loss) | 8b | 235 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 235 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 12194 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 75 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 12269 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | -12034 |
| j Transfers to (from) the plan (see instructions) | 8j | 0 | |

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 During the plan year: | | Yes | No | N/A | Amount |
|---|-----|-----|----|-----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | |
| c Was the plan covered by a fidelity bond? | 10c | | X | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | |

Form 5500-SF 2018

Page 3- **Part VI Pension Funding Compliance**

| | | |
|---|---|---|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year | |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | |
| b | Enter the minimum required contribution for this plan year | 12b |
| c | Enter the amount contributed by the employer to the plan for this plan year | 12c |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Part VII Plan Terminations and Transfers of Assets

| | | |
|------------------|--|---|
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c | 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.) | |
| 13c(1) | 13c(2) | 13c(3) |
| Name of plan(s): | EIN(s) | PN(s) |
| | | |

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Benefit Plan**

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2017**This Form is Open to
Public Inspection****Annual Report Identification Information**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

- A** This return/report is for:
- ☒ a single-employer plan ☐ a multiple-employer plan (not multilemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a one-participant plan ☐ a foreign plan
- B** This return/report is:
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- ☒ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

Basic Plan Information—enter all requested information

| | | |
|--|--|---|
| 1a Name of plan TRIO NORTHWEST BUSINESS SOLUTI 401(K) PROFIT SHARING PLAN & TRUST | | 1b Three-digit plan number (PN) ▶ 001 |
| 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) TRIO NORTHWEST BUSINESS SOLUTI 10700 SE 174TH ST STE 101 RENTON WA 98055-5472 | | 1c Effective date of plan 01/01/2016 2b Employer Identification Number (EIN) 91-1994217 2c Sponsor's telephone number (206)728-8181 2d Business code (see instructions) 541990 |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. SAME | | 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 |
| 5a Total number of participants at the beginning of the plan year | | 5a 5 |
| b Total number of participants at the end of the plan year | | 5b 4 |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | 5c 1 |
| d(1) Total number of active participants at the beginning of the plan year | | 5d(1) 5 |
| d(2) Total number of active participants at the end of the plan year | | 5d(2) 4 |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | 5e 0 |

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

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

| | | |
|------------------------------------|-----------------|--|
| Signature of plan administrator | Date 10-26-2020 | Enter name of individual signing as plan administrator DENNIS BROOKS |
| Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

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

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v.170203

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Page 2

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| a Total plan assets | 7a | 4399 | 12034 |
| b Total plan liabilities | 7b | 0 | 0 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 4399 | 12034 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | 2748 | |
| (2) Participants | 8a(2) | 4122 | |
| (3) Others (including rollovers) | 8a(3) | 0 | |
| b Other income (loss) | 8b | 798 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 7668 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 0 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 33 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 33 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 7635 |
| j Transfers to (from) the plan (see instructions) | 8j | 0 | |

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 During the plan year: | | Yes | No | N/A | Amount |
|---|------------|-----|----|-----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | |
| c Was the plan covered by a fidelity bond? | 10c | | X | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | |

Form 5500-SF 2017

Page 3- **Pension Funding Compliance**

| | | |
|---|---|---|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year | |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | |
| b | Enter the minimum required contribution for this plan year | 12b |
| c | Enter the amount contributed by the employer to the plan for this plan year | 12c |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Plan Terminations and Transfers of Assets

| | | |
|--------------------------------------|--|---|
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c | 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.) | |
| 13c(1) Name of plan(s): | | 13c(2) EIN(s) |
| | | 13c(3) PN(s) |
| | | |