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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information								
For calend	lar plan year 2014 or fi	iscal plan year beginning 05/15/2	014	and ending 12	2/31/2014					
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) byer information in accor	•	nis box must attach a list m instructions)				
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report							
	·	an amended return/report	a short plan year retu	rn/report (less than 12 m	2 months)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	orogram				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name TBM SERVI	of plan ICES, LLC 401(K) PLA	AN			1b Three-digi plan numb (PN) ▶					
			1c Effective d	late of plan 05/15/2014						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TBM SERVICES, LLC				e-employer plan)		Identification Number 36-4735301				
3411 CAPIT	AL AVENUE					telephone number 09-539-0244				
3411 CAPITAL AVENUE PASCO, WA 99301					2d Business code (see instructions) 812990					
3a Plan a	administrator's name a	nd address XSame as Plan Spon	cor		3b Administrator's EIN					
					3c Administra	tor's telephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
	sor's name				4c PN					
5a Total	number of participants	s at the beginning of the plan year.			5a	(
b Total	number of participants	s at the end of the plan year			5b	(
		account balances as of the end of			5c	(
d(1) Tot	al number of active pa	articipants at the beginning of the p	an year		5d(1)	(
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	(
		erminated employment during the p	-		5e	(
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is establishe	d.				
Under pen SB or Sche	alties of perjury and of	ther penalties set forth in the instruind signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, including, if a	applicable, a Schedule				
SIGN HERE	Filed with authorized	/valid electronic signature.	07/13/2015	TERRY MARSHALL						
	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	n administrator				
SIGN HERE				<u> </u>						
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date			ployer or plan sponsor hone number (optional)				
i reparers	name (including liff)	патте, п аррпсавте <i>ј</i> апи auuress (п	iolade room of suite numb	οι / (οριιοπαι)	i reparer s telep	none number (optional)				

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b /	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an indeper and condit not use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.			X Y	es [No
	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 40)21)? .		Yes	No	1	lot de	termii	ned
Part	III Financial Information		T								
7 F	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
<u>a</u> 1	otal plan assets	. 7a		0						0	
	otal plan liabilities	. 7b			_						
<u>C</u> 1	let plan assets (subtract line 7b from line 7a)	. 7с		0	_					0	1
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: 1) Employers	. 8a(1)		0							
	2) Participants			0							
	3) Others (including rollovers)	` ′									
	Other income (loss)										
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)									0	
	Benefits paid (including direct rollovers and insurance premiums										
	provide benefits)	. 8d									
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u> /	Administrative service providers (salaries, fees, commissions)	. 8f									
	Other expenses										
	otal expenses (add lines 8d, 8e, 8f, and 8g)	1								0	
	let income (loss) (subtract line 8h from line 8c)	. 8i								0	-
Part	Transfers to (from) the plan (see instructions)	· 8j									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D										
10	During the plan year:				Yes	No		Α	mour	ıt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corr t? (Do not	rection Program)include transactions reported	10a		X					
	on line 10a.)			10b		X					
	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 or dishonesty?			10d		X					
e 	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
Part '											
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									es	No
11a	Enter the unpaid minimum required contribution for current year fi					11a			<u>, </u>	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA	2	Пү	es ×	< No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			. J. 00	5.1011						
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th			letter ear	rulin	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		nt under the contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

Part I	Annual Repor	t Identification Information		2000				
For calend	lar plan year 2014 or t	fiscal plan year beginning	05/15/2014	and ending	12/31/:	2014		
	eturn/report is for:	X a single-employer plan	of participating emplo	llan (not multiemployer) yer information in accor		is box must attach a list n instructions)		
B This ref	urn/report is	X the first return/report an amended return/report	the final return/report	n/report (less than 12 m	months)			
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension iption)		DFVC p	ogram		
Part II	Basic Plan Info	ormation—enter all requested inf	ormation					
1a Name		ormation—enter an requested in	Officialion		1b Three-digit			
	rvices, LLC 4	01(k) Plan			plan number			
					1c Effective da 05/15/2	014		
	ponsor's name and a rvices, LLC	ddress; include room or suite numbe	er (employer, if for a single-	·employer plan)	(EIN) 36-			
3411 C	apital Avenue				2c Sponsor's t 509-539	elephone number -0244		
Pasco	S 10053 10	WA 99301			812990	ode (see instructions)		
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or.		3b Administrator's EIN			
4						or's telephone number		
		e plan sponsor has changed since t imber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN			
a Spons	or's name				4c PN			
5a Total	number of participants	at the beginning of the plan year			. 5a	0		
b Total	number of participants	at the end of the plan year			. 5b	0		
		account balances as of the end of the		3341 (1)	. 5c	0		
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	0		
d(2) Tot	al number of active pa	articipants at the end of the plan yea	r		5d(2)	0		
		erminated employment during the pl		fits that were	5e	0		
Under peni SB or Sche	alties of perjury and ot	or incomplete filing of this return, her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	tions, I declare that I have	examined this return/rep	port, including, if ap	plicable, a Schedule		
SIGN	Delley 1	Maskall	7-13-15	Terry Marshal	1			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator		
SIGN								
Preparer's	Signature of emploname (including firm r	oyer/plan sponsor name, if applicable) and address (inc	Enter name of individer) (optional)		oyer or plan sponsor one number (optional)			
				a.				

P	age	2
	-	

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cannot be under the control of the plan cannot waiver eligibility and the control of the plan cannot be under the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan year invested in	an independand condition of use For	dent qualified public accounta ons.) m 5500-SF and must instea	nt (IQP d use F	A) orm	5500.	[Yes No X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 40	121)?	Ц	162		ot determined
Pa	rt III Financial Information				1			-
	Plan Assets and Liabilities		(a) Beginning of Yea	ar (+		(b) End of	Year
	Total plan assets	7a			4			0
	Total plan liabilities	7b		(0
8	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount		1	5 20	(b) Tota	ı
	Contributions received or receivable from:		(a) Amount				(5) 1016	
	(1) Employers	8a(1)		(
	(2) Participants	8a(2)		(
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						0
d	Benefits paid (including direct rollovers and insurance premiums					141		
	to provide benefits)	8d			-			
e	Certain deemed and/or corrective distributions (see instructions)	8e			-			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			0
i	Net income (loss) (subtract line 8h from line 8c)	8i						0
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2J 2K 2F 2G 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Charac	cteristic	Code	es in th	e instructions	
Par	t V Compliance Questions							
10	During the plan year:		The state of the s		Yes	No	An	nount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10Ь		Х		
С	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		A CONTRACTOR OF THE CONTRACTOR	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth	***************************************			\dashv	\neg		
	insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х		
g	Did the plan have any participant loans? (If "Yes." enter amount as	s of year er	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		river the tall the first than the second of	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Part	· · · · · · · · · · · · · · · · · · ·							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes No
112	Enter the unpaid minimum required contribution for current year fro					11a		
12	Is this a defined contribution plan subject to the minimum funding						RISA?	Yes X No
-14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			0, 360		J_ 0, L		
a	If a waiver of the minimum funding standard for a prior year is bein			ctions, a	and e	nter the	e date of the l	etter ruling
	granting the waiver.					Day_		

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lf y	you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and s	kip to	line 13.				
b	Enter the minimum required contribution for this plan yea	·			12b			
					12c	T		
	Enter the amount contributed by the employer to the plan				120	-		
d	Subtract the amount in line 12c from the amount in line 1 negative amount)		sign i	o the left of a	12d			
е	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 A	ssets						
13a	Has a resolution to terminate the plan been adopted in any p	an year?				Yes X No	0	
	If "Yes," enter the amount of any plan assets that reverte	d to the employer this year			13a			
b	Were all the plan assets distributed to participants or ben of the PBGC?				control		Yes	X No
С	If during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred. (See instruction	sferred from this plan to another plants.)	an(s),	identify the plan(s)	to		-	
1	3c(1) Name of plan(s):			1	3c(2)	EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)							
14a	Name of trust				14b	Trust's EIN		