## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part	I Annua	l Report Id	entification Information	1						
For ca	lendar plan yeaı	r 2015 or fisca	al plan year beginning 01/01/	2015 and ending 12	2/31/2	015				
<b>A</b> Thi	s return/report is	s for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	- · · ·					
<b>B</b> This	s return/report is	; [	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)	ı				
<b>C</b> Ch	eck box if filing (	under:	automatic extension	DFVC program						
Part	II Basic F	Plan Inforn	nation—enter all requested ir	formation						
<b>1a</b> Na	ame of plan ERVICES, LLC				1b	Three-digit plan number (PN)	001			
					1c	Effective date of 05/1	f plan 5/2014			
M	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) SERVICES, LLC				2b Employer Identification Number (EIN) 36-4735301					
	•	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		2c Sponsor's telephone number 509-539-0244				
	PITAL AVENUE WA 99301				2d	Business code (	,			
<b>3a</b> PI	an administratoi	's name and a	address 🏻 Same as Plan Spon	sor.		Administrator's I	EIN relephone number			
			lan sponsor has changed since er from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN				
<b>a</b> Sp	oonsor's name				4c	PN				
5a ⊤	otal number of p	articipants at	the beginning of the plan year.		5		1			
		•			5	b	1			
				the plan year (defined benefit plans do not	5		1			
d(1)	Total number of	of active partic	ipants at the beginning of the p	lan year	5d	(1)	1			
d(2)	Total number of	of active partic	ipants at the end of the plan ye	ear	5d	(2)	1			
t	han 100% veste	d		e plan year with accrued benefits that were less	5		0			
				n/report will be assessed unless reasonable cauctions. I declare that I have examined this return/rep			oblo o Cobodulo			
		, ,	•	ctions, I declare that I have examined this return/re as well as the electronic version of this return/report	,	O, 11	,			

Dellel, It is t	ide, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2016	TERRY MARSHALL					
	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					
Preparer's	name (including firm name, if applicable) and address (include r	er ) Preparer's telephone number						
•								

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eliging.</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	f an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			<b>□</b>	res No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC is	insurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a			0				2	23626
<b>b</b> Total plan liabilities									
C Net plan assets (subtract line 7b from line 7a)	., 7с			0				2	23626
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
Contributions received or receivable from:     (1) Employers	8a(1)								
(2) Participants	8a(2)		24	1000					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b			-374					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	23626
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
Certain deemed and/or corrective distributions (see instructions)									
f Administrative service providers (salaries, fees, commissions)									
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)									0
i Net income (loss) (subtract line 8h from line 8c)	8i							2	23626
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	footure and	on from the Lint of Dia	n Char		io Coo	laa in tha	inatruat	ionoi	
in the plan provides werrare benefits, enter the applicable werrare	reature coul	es itotti tile List of Pia	II Cliai	acterist	.10 000	ies iii tiie	HISHUCI	10115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interes			401		X				
reported on line 10a.)			10b	.,					
C Was the plan covered by a fidelity bond?			10c	X					10000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther persons me or all of t	by an insurance the benefits under	10e	X					57
f Has the plan failed to provide any benefit when due under the plant.			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount					X				
h If this is an individual account plan, was there a blackout period?		,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Y	es No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Y	es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
	14C Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A			

## 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

2015

This Form is Open to Public Inspection

		cation information	07/01/001=		10/01	1/2015						
For calendar plan yea		year beginning	01/01/2015	and ending								
A This return/report i	L1	gle-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 This icidinineport	a one	e-participant plan	a foreign plan									
B This return/report is	the fi	rst return/report	the final return/report									
MATERIAL SCHOOLS CONTROL PROPERTY AND		mended 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 Informatio	n—enter all requested infor	mation									
1a Name of plan TBM Services,		1b Three-d plan nur	mber 001									
			(PN) 1c Effective	e date of plan								
					05/15	5/2014						
Mailing address (	include room, apt., s	a single-employer plan) uite no. and street, or P.O. I	Box)	rationa)		er Identification Number 6-4735301						
TBM Services		y, and ZIP or foreign postal	code (ii foreign, see instr	actions)	The same of the sa	or's telephone number 539-0244						
3411 Capital	Avenue		<b>2d</b> Busines 81299	ss code (see instructions)								
Pasco	WA	99301										
3a Plan administrato	r's name and addres	s XSame as Plan Sponso	r.		3b Administrator's EIN							
4 If the name and/	or EIN of the plan spo	onsor has changed since the	e last return/report filed fo	or this plan, enter the	4b EIN	strator's telephone number						
a Sponsor's name	me pian number iron	n the last return/report.			4c PN							
5a Total number of	participants at the be	ginning of the plan year			5a							
		d of the plan year			5b	1						
C Number of partic complete this ite	ipants with account t m)	palances as of the end of the	e plan year (defined bene	fit plans do not	5c	1						
		at the beginning of the plar			5d(1)	1						
d(2) Total number	of active participants	at the end of the plan year.			5d(2)	1						
0.50		ed employment during the p		nefits that were less	5e	0						
Caution: A penalty for	or the late or incom	plete filing of this return/r	report will be assessed	uniess reasonable cau	use is establis	ihed.						
Under penalties of pe	rjury and other penal ompleted and signed	ties set forth in the instruction by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	port, including,	, if applicable, a Schedule						
SIGN SIGN	1	raiskall	7/25/16	Terry Marshal	1							
HERE Signatu	Signature of plan administrator  Date Enter name of individual signing as plan administrator											
SIGN												
HERE Signatu	re of employer/plan	sponsor pplicable) and address (incl	Date			employer or plan sponsor lephone number						
Preparer's name (inc	uumg iirm name, ii a	pplicable) and address (incl	idde foom of suite frambe	,	- Tropardi o to	opnone names.						

	Form 5500-SF 2015		Page <b>2</b>					
b	Were all of the plan's assets during the plan year invested in eligib 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 lif you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a iions.)rm 5500-SF and mus	account t instea	ant (IQ	PA)  <b>Form</b>	5500.	
	· ·	isurance p	logram (see LixioA se	Cuon 4	021):	····· <u></u>	163	
Par						1		
	Plan Assets and Liabilities	_	(a) Beginning	g of Ye		0		(b) End of Year 23,626
	Total plan assets	7a				<u> </u>		23,020
	Total plan liabilities	7b				0		23,626
	Net plan assets (subtract line 7b from line 7a)	7c				4		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	unt				(b) Total
	(1) Employers	8a(1)						
	(2) Participants	8a(2)		2	4,00	0		
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b			-37	4		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23,626
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g				+		0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22 626
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i						23,626
Par		8j						
B	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 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 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 and the plan provides welfare benefi	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instructions:
10	During the plan year:				Yes	No	N/A	Amount
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х			57
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance				-	_	-	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for all years from							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction	302 of E	RISA? Yes X No

	Form 5500-SF 2015 Page <b>3</b> -						
(1:	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins anting the waiver		enter the Day		e letter rul Year	ing	
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day		i cai		
<b>b</b> En	ter the minimum required contribution for this plan year	12b					
C En	er the amount contributed by the employer to the plan for this plan year		12c				
d S	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ligative amount)	eft of a	12d				
	II the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part VI	Plan Terminations and Transfers of Assets				<u> </u>		
<b>13a</b> ⊢	as 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 this year		13a				
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug the PBGC?				Yes X	No	
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifulation assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
13c	1) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)	
Part V	II Trust Information						
<b>14a</b> Na	ne of trust		<b>14b</b> Trust's EIN				
<b>14c</b> N	ame of trustee or custodian		14d Trustee's or custodian's telephone number				
Part IX	IRS Compliance Questions						
<b>15a</b> Is	the plan a 401(k) plan?		Yes		No		
	Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas bar	sign- sed safe bor thod	ADP test		
te	ne ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cuting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (2)(2)(ii))?		Yes No				
<b>16a</b> Ch	eck the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Rat per test	centage	1 1	rage efit test	
	es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come plan with any other plans under the permissive aggregation rules?		Yes		□ No		
<b>17a</b> Ha	17a Has the plan been timely amended for all required tax law changes?					N/A	
	te the last plan amendment/restatement for the required tax law changes was adopted tax law changes and codes).	Enter the	applicabl	e code	(See ir	nstructions	
ad	ne plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla visory letter, enter the date of that favorable letter and the letter's serial n	umber				or	
de	ne plan is an individually-designed plan and received a favorable determination letter from the IRS, entermination letter		the plan'	s last favo	orable		
	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No No		
<b>19</b> W	ere in-service distributions made during the plan year?		Yes		No		
If '	Yes," enter amount	······	19				
	ere required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whired), as required under section 401(a)(9)?		Yes		No	N/A	