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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pen	ision Benefit Guaranty Corporation	▶ Complete	all entries in a	accordance with the instructions to the Form 55	500-S	F.	•			
Par	rt I Annual Report	Identification I	nformation							
For ca	alendar plan year 2015 or f	iscal plan year begin	ning 01/01/2	015 and ending 12	2/31/2	015				
A Th	nis return/report is for:	a single-employ		a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_				
B Th	is return/report is	the first return/i		the final return/report a short plan year return/report (less than 12 m	onths))				
C CI	heck box if filing under:	X Form 5558 special extensi	•	. ,		DFVC progr	ram			
Par	t II Basic Plan Info	ormation—enter a	all requested inf	ormation						
	lame of plan ESSIONAL STAFFING EM	PLOYER 401(K) PR	OFIT SHARING	G PLAN		Three-digit plan number (PN) • Effective date of	001 f plan			
						11/0	1/1996			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b	b Employer Identification Number (EIN) 82-0449319				
	LE BECKMAN, INC.	ce, country, and ZIP	or foreign post	al code (if foreign, see instructions)	2c	Sponsor's telep	hone number 45-3051			
	WEST EMERALD ST., SUI ID 83704	TE 100			2d	Business code (,			
3a ₽	Plan administrator's name a	nd address Same	as Plan Spons	sor.	3b	Administrator's I	ΞIN			
	SSIONAL STAFFING EMP	_		EST EMERALD ST., SUITE 100		82-0	477227 elephone number			
						208-34	5-3051			
	f the name and/or EIN of th name, EIN, and the plan nu		•	the last return/report filed for this plan, enter the		EIN				
a S	Sponsor's name				4c	PN				
5a ⊺	Total number of participants	s at the beginning of	the plan year		5		31			
b 1	Total number of participants	s at the end of the pla	an year		5	b	30			
C Number of participants with account balances as of the end of the complete this item)					5	С	24			
d(1) Total number of active pa	articipants at the beg	inning of the pla	an year	5d	(1)	19			
d(2	?) Total number of active pa	articipants at the end	of the plan yea	ar	5d	(2)	20			
е	Number of participants that than 100% vested	t terminated employr	ment during the	plan year with accrued benefits that were less	5		1			
Cauti	on: A penalty for the late	or incomplete filing	g of this return	n/report will be assessed unless reasonable cau	ıse is	established.	-bl O-bbl-			

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

Delici, it is t	ide, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	09/12/2016	E. ANN MCGREGOR				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	1)	Preparer's telephone number			
			•				

Form 5500-SF 2015			Page 2								
6a Were all of the plan's assets during the p Are you claiming a waiver of the annual e under 29 CFR 2520.104-46? (See instruc If you answered "No" to either line 6a	xamination and report of a tions on waiver eligibility a or line 6b, the plan canno	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C If the plan is a defined benefit plan, is it co	overed under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes	No	<u></u>	lot dete	ermined
Part III Financial Information		1	Γ								
7 Plan Assets and Liabilities			(a) Beginning					(b) Eı	nd of		
a Total plan assets		7a		367	7718			336271			
b Total plan liabilities		7b		267	7740	+				22/	0
C Net plan assets (subtract line 7b from line		7c	(-) A		7718			41-	\ T = 4		6271
8 Income, Expenses, and Transfers for this a Contributions received or receivable from			(a) Amou	ınt				a)) Tot	aı	
		8a(1)		11	550						
(2) Participants		8a(2)		4	1897						
		8a(3)			0						
b Other income (loss)		8b		-13	8655						
	, ,	8c								2	2792
. , , -	•	8d		34	1239						
		8e			0						
f Administrative service providers (salaries	fees, commissions)	8f			0						
g Other expenses		8g			0						
h Total expenses (add lines 8d, 8e, 8f, and	8g)	8h								34	4239
i Net income (loss) (subtract line 8h from li	i Net income (loss) (subtract line 8h from line 8c)									-31	1447
j Transfers to (from) the plan (see instruction	ons)	8j			0						
Part IV Plan Characteristics											
9a If the plan provides pension benefits, ent 2E 2F 2G 2J 2K 3D	er the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in t	he inst	ructio	ons:	
	er the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	uction	ns:	
Part V Compliance Questions											
10 During the plan year:				1	Yes	No	N/A		A	moun	t
described in 29 CFR 2510.3-102? (See	instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
				10b		Х					
				10c	X						50000
				104		X					
Were any fees or commissions paid to a carrier, insurance service, or other organization.	ny brokers, agents, or oth	ner person ne or all of	s by an insurance the benefits under			·					
									—		
	· · · · · · · · · · · · · · · · · · ·					X					
	-			10g	X						11400
				10h		X					
i If 10h was answered "Yes," check the b	ox if you either provided th	ne require	d notice or one of the	10i							
j Did the plan trust incur unrelated busine	Sa(1) 11550										
Part VI Pension Funding Complia	nce			,	1						
11 Is this a defined benefit plan subject to n	ninimum funding requirem									∏ Ye	es X No
, ,											
·	•		• • • • • • • • • • • • • • • • • • • •					RISA?		Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 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 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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 Lapor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

1210 000

This Form is Open to Public Inspection

2015

F	Pension Banefit Guaranty Corporation	► Complete all entries in a	ccorde	nco with the instruc	tions to the Form 550	0-SF.	Inspection
		Identification Information					1
For	calendar plan year 2015 or fis	cal plan year beginning		01/01/2015	and ending		/31/2015
	This return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a	i list of participating er i foreign plan he final return/report		ccordar	hecking this box must attach nce with the form instructions)
C ·	Check box if filing under:	Form 5558 special extension (enter desc		utomatic extension			DFVC program
P	art III Basic Plan Info	rmation enter all requested	inform	nation			
1a	Name of plan	ing Employer 401(k) Pro			· · · · · · · · · · · · · · · · · · ·		Three-digit plan number (PN) > 001 Effective date of plan
						1	11/01/1996
2a	- Mailing Address (include rod	oyer, if for a single-employer plan) om, apt., suite no. and street or P.0 ce, country, and ZIP or foreign pos no.	D. Box) tal cod	le (if foreign, see instr	uctions)	2b (Employer Identification Number (EIN) 82-0449319 Sponsor's telephone number (208) 345-3051
	10369 West Emerald	St., Suite 100					Business code (see instructions) 621399
39	US Boise ID 83704	nd address Same as Plan Sp	ວດດຣດເ	Name		3b /	Administrator's EIN
Ja	Professional Staff:		, Ç. I.Ç.	, tamo			82-0477227
		•		1		3c	Administrator's telephone number
πe	10369 West Emerald Boise	St., Suite 100 ID 83704				1	(208) 345-3051
4	If the name and/or EIN of th	e plan sponsor has changed since mber from the last return/report.	the la	st return/report filed fo	r this plan, enter the	4b	ĘIN
ä	Sponsor's name	1.10				4c	PN
5a	Total number of participants	at the beginning of the plan year			*******************************		· · · · · · · · · · · · · · · · · · ·
b		at the end of the plan year				5b	. 30
С		account balances as of the end of				5c	24
d((1) Total number of active pa	rticipants at the beginning of the p	lan yez	IF ************************************		5d(*	1) 19
d((2) Total number of active pa	nicipants at the end of the plan ye	ar "	**************************************	************************	5d(2	2) 20
e		terminated employment during the				5e	1
C:		or incomplete filing of this retu					established.
Ur SE	ider nenattles of periury and a	ther penalties sel forth in the instrand signed by an enrolled actuary.	uctions	. I declare that I have	examined this return/re	eport, inc	cluding, if applicable, a Schedule
S	IGN CO	The de della		11	E. Ann McGrego:	r	
	IERE Signature of plan add	nigrett for		Date 1/12/2016	Enter name of individu	ıal signir	ng as plan administrator
	IGN COLLEGE	4 ONLY		- 9/			
	IERE: Signature of employs eparer's name (including firm	name, if applicable) and address;	include	Date 1/5/24/6			ng as employer or plan sponsor arer's telephone number

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 6a	Were all of the plan's assets during the plan year invested in eligible	occate? /	Can instruction (-						
	Are you claiming a waiver of the annual examination and report of a					••••••	**********	*******	X Yes	sNo
~									₩.	- []
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd condition	ons.) ************************************	toad:		orm l	 E <i>E</i> OO	********	X Yes	sNo
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance or	ogram (see FRISA sectio	n 402	use r 1112	01111	5500. □ ∨oc	□No	Not	determined
200000000	urt III Financial Information			711 402	. 1):	*******				
7	Plan Assets and Liabilities					1				
' a	Total plan assets	_	(a) Beginning o			-		(b) End	of Year	
b	Total plan liabilities	7a	3	67,7		-		· · · · · · · · · · · · · · · · · · ·	336	5,271
		7b			0	-				0
8	Net plan assets (subtract line 7b from line 7a)	7c		67,7	18					,271
a	Contributions received or receivable from:		(a) Amoun	t	***			(b) T	otal	
	(1) Employers	8a(1)		11,5	50					
	(2) Participants	8a(2)		4,8	97					
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b	(1	3,65	5)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	2,792
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		21 2	20					•
	Certain deemed and/or corrective distributions (see instructions)	8e		34,2	0					
-	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses				0	-				
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			- 0				2.4	020
-	Net income (loss) (subtract line 8h from line 8c)	8i								,239
	Transfers to (from) the plan (see instructions)	8i			0				(31,	447)
	rt IV Plan Characteristics	OJ							270000	
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Codes	s in the i	instruction	าร:	
10							T T			
a	During the plan year: Was there a failure to transmit to the plan any participant contributi				Yes	No	N/A		Amount	
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	ons within Juntany Eid	the time period							
	Program)		*	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	nclude transactions	10b		x				· · · · · · · · · · · · · · · · · · ·
С	Was the plan covered by a fidelity bond?		*******************************	10c	х					50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bon	d, that was caused	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	or all of the	he benefits under							
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan			10e 10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as									
h	If this is an individual account plan, was there a blackout period? (\$	See instruc	ctions and 29 CER	10g	х					11,400
i	2520.101-3.) 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		10h 10i		X				
j	Did the plan trust incur unrelated business taxable income?			10i						
Pai	t VI Pension Funding Compliance			. · •J			ıL			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and	comp	lete S	chedu	ule SB (Form		es X No
118	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 40	n			11a	***********	re	2 TT 1/10
12	Is this a defined contribution plan subject to the minimum funding re				r coati			ICAC	<u> </u>	□
	Turiding it	- quireinell	is or section 412 of the C	oue o	secti	un 3C	JZ OT ER	ISA?	L Y€	s X No

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(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 granting the waiver.			the letter ruling ear
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a		, dy 1	ear
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 negative amount)	ninus sign to the left of a	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 X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************	13a	***
b Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?			☐ Yes ☒ No
C If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	ner plan(s), identify the plan(s) to		
13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		4.41	
THE Name of tust		14b Trust's Elf	N
14c Name of trustee or custodian	·	14d Trustee or telephone nu	
Part IX IRS Compliance Questions		L	
15a Is the plan a 401(k) plan:	***************************************	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	oyee deferrals and employer	Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii))?	(a)(2)(ii) and 1.401(m)-	Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirem		Ratio Percentage Test	Average Benefit Test
	***************************************	Yes	☐ No
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was addinstructions for tax law changes and codes).	opted//Enter th	e applicable code) (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume advisory letter, enter the date of that favorable letter / / and the	letter's serial number		
17d If the plan is an individually-designed plan and recieved a favorable determination letter determination letter / /	r from IRS, please enter the date	e of plan's last fav	vorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA se made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands o	ection 1022(i)(2) has been r the U.S. Virgin Islands)?	Yes	☐ No
19 Were in-service distributions made during the plan year?		Yes	☐ No
If Yes, enter amount	***************************************	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ not retired) as required under section 401(a)(9)?	(regardless of whether or	Yes	□ No □ N/A