Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information							
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/201	8	and ending 1	2/31/2018				
A This re	turn/report is for:	x a single-employer plan			(Filers checking this box must attach a accordance with the form instructions.)				
R This ret	urn/report is	a one-participant plan	a foreign plan						
D 11113 100	um/report is	the first return/report	the final return/report						
_		nonths)							
C Check	box if filing under:	Form 5558 special extension (enter descript	automatic extension		DFVC program	1			
Dort II	Pasis Dian Infe	<u> </u>	<u>, </u>						
Part II		ormation—enter all requested inform	mation		1h Throo digit				
1a Name	or plan ICES 401(K) PLAN				1b Three-digit plan number	er			
TIKIWI OLIKVI	10L0 401(10) 1 LAIV				(PN) ▶	001			
					1c Effective date of plan 01/01/2013				
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)			†	lentification Number			
Mailin	g address (include roc	m, apt., suite no. and street, or P.O. E			(EIN) 27-2012932				
City or TRM SERVI		ce, country, and ZIP or foreign postal o	code (if foreign, see inst	ructions)		elephone number			
					2d Business co	ode (see instructions)			
	USTRIAL PARK 4TH	ST.				238220			
SPOKANE \	/ALLEY, WA 99216					100220			
Ja Plan a	oministrator s name a	nd address 🛚 Same as Plan Sponso	11.		3b Administrat 3c Administrat	or's telephone number			
		e plan sponsor or the plan name has			4b EIN				
	ian, enter the pian spo sor's name	onsor's name, EIN, the plan name and	the plan number from t	ne last return/report.	4d PN				
		ATING & COOLING 401(K) PLAN							
					F				
_		s at the beginning of the plan year			. 5a	7			
		s at the end of the plan year			. 5b	8			
		account balances as of the end of the			5c 8				
d(1) Tot	al number of active pa	articipants at the beginning of the plan	year		5d(1)	6			
d(2) Total number of active participants at the end of the plan year			5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				. 5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca					
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as worlder							
SIGN		l/valid electronic signature.	07/15/2019	NICOLE M KELLY					
HERE	Signature of plan a		Date		dual signing as plan administrator				
SIGN		d/valid electronic signature.	07/15/2019	NICOLE M KELLY					
HERE	0:	,	1						

Date

Enter name of individual signing as employer or plan sponsor

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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	Year	
a	Total plan assets	7a	18	84526		222368			
<u>b</u>	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	1	84526		222368			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	al	
a	Contributions received or receivable from: (1) Employers	8a(1)		14993					
	(2) Participants	8a(2)		47540					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	-	16897					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						45636	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7401					
е	Certain deemed and/or corrective distributions (see instructions) \dots								
f	Administrative service providers (salaries, fees, commissions)	8f		393					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							7794	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						37842	
<u>j</u>	Transfers to (from) the plan (see instructions)								
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instruc	tions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	An	nount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			20000	
d						Х			
е	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.)					X			
f	Has the plan failed to provide any benefit when due under the plan?					X			
g	J Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	•		10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es 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 ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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			
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 (enter a minus sign to the left of a negative amount)	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 Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o
	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 plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
13c(1) Name of plan(s): 13c(2)				13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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 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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to

Pension Be	nefit Guaranty Corporation	Complete all entries in	accordance with the in	netruetlane to the Earn	EE00 OF	Public Inspection				
Part I										
For calenda	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018									
A This retu	urn/report is for:	r plan (not multiemployer) employer information in	er) (Filers checking this box must attach in accordance with the form instructions.							
B This retu	rn/report is	a one-participant plan	a foreign plan			no total mandadas.)				
11.010101	nareport is	the first return/report	the final return/repo	ort						
_		an amended return/report	a short plan year re	turn/report (less than 12)	months)					
C Check be	ox if filing under:	Form 5558 special extension (enter description)	automatic extensio	DFVC program						
Part II	Rasic Plan Info	prmation—enter all requested in			······································					
1a Name o	f plan	mation—enter all requested in	formation		141					
	Services 401((k) Plan			1b Thre	e-digit number				
					(PN)	i				
					1c Effec	tive date of plan				
2a Plan spo	onsor's name (emplo	yer, if for a single-employer plan)				oyer Identification Number				
City or to	sudress (include rooi own, state or provinc	m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posts	. Box) al code (if foreign, see in	structions\		27-2012932				
TRM S	ervices, Inc		si code (ii foreign, see iii	structions)		sor's telephone number -340-2448				
4108	N. Industria	l Park 4th St.			2d Business code (see instructions)					
***	ne Valley		2382	220						
3a Plan administrator's name and address 🗓 Same as Plan Sponsor.				3b Administrator's EIN						
					3C Admir	iistrator's telephone number				
		7								
uns plan,	, enter the plan spon	plan sponsor or the plan name has sor's name, EIN, the plan name an	s changed since the last id the plan number from	return/report filed for the last return/report.	4b EIN					
a Sponsor's C Plan Nam					4d PN					
- 10///10//	. Temp-Rit	e Heating & Cooling	401(k) Plan							
5a Total nun	nber of participants a	t the beginning of the plan year			5a	7				
b Total num	nber of participants a	t the end of the plan year		and the second s	5b	8				
c Number of complete	of participants with a this item)	ccount balances as of the end of th	e plan year (only defined	d contribution plans	5c	8				
d(1) Total n	umber of active parti	cipants at the beginning of the plar	ı year		5d(1)	6				
d(2) Total n	umber of active parti	cipants at the end of the plan year			5d(2)	8				
e Number of	of participants who te	erminated employment during the r	lan year with accrued h	enefite that ware loca	5e	0				
Caution: A pe	than 100% vested					0				
Origon periodice	S OF POPULAL AUTO OF IC	i Delianes sei kinn in ine incinien	anc I doctors that I have	a command a mark and a comment of the comment of th						
	correct, and comple	ete.	well as the electronic ve	rsion of this return/report,	and to the b	est of my knowledge and				
SIGN HERE	huole m		7/15/2019	Nicole M Kelly						
Si	gnature of plan adr		Date	Enter name of individu	al signing as	plan administrator				
SIGN HERE	nicole M	Kelly	7/15/2019	Nicole M Kelly						
Si	gnature of employe	er/plan sponsor see the Instructions for Form 5500-S	Date	Enter name of individu	al signing as	employer or plan sponsor				
· · upciwoik r	to accurr ACL NULICO,	see the instructions for Form 5500-S	F.			Form 5500-SF (2018)				

From:TEMP-RITE

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ı.	Were all of the plan's assets during the plan year invested in eliq Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili If you answered "No" to ei	of an inder ty and con nnot use t	pendent qualified pub ditions.) Form 5500-SF and m	lic acco	untant tead u	(IQPA))
C	If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see ERISA	A section	4021	?	☐ Yes ☐ No ☐ Not determined
	If "Yes" is checked, enter the My PAA confirmation number from	the PBGC	premium filing for thi	is plan y	ear	************	. (See instructions.)
F: 7	art III Financial Information					··········	
_ <u>'</u> _a	Plan Assets and Liabilities Total plan assets	<u> </u>	(a) Beginnir			 	(b) End of Year
<u>~</u> b	Total plan liabilities		-	184	,526	-	222,368
	Net plan assets (subtract line 7b from line 7a)			7.04	~~~	 	
8	Income, Expenses, and Transfers for this Plan Year	7c		***************************************	,526	 	222,368
а	Contributions received or receivable from: (1) Employers		(a) Amo		,993		(b) Total
	(2) Participants	8a(2)		47	,540	10.00	
	(3) Others (including rollovers)				0		
	Other income (loss)			-16	,897		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	Version Views		1		45,636
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		7	,401	3.1	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	 		0		
	Administrative service providers (salaries, fees, commissions)	. 8f		393	14.		
	Other expenses				0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)					7,794	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c) 8i				35, 3, 24		37,842
j	Transfers to (from) the plan (see instructions)	- Bi			0	74.75	37,332
Par		· · · · · · · · · · · · · · · · · · ·	***************************************		I		
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T						
	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pl	an Char	acteris	tic Cod	des in the instructions:
Pari	V Compliance Questions						
10	During the plan year:			***************************************	Yes	No	Amount
a 	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Intuntary F	iduciany Correction	. 10a		х	
d	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х	
С	Was the plan covered by a fidelity bond?			10c	х		20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidality hor	od that was assessed	100		х	20,000
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.)	er persons	by an insurance	10e		х	
f	Has the plan failed to provide any benefit when due under the plar	1?	***************************************	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-er	nd.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (: 2520.101-3.)	See instruc	ctions and 29 CFR	10g 10h		х	
1	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			

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Part VI Pension Funding Complian	ce	- Control of the Cont				******
11 Is this a defined benefit plan subject to mi	nimum funding requirements? (If "Yes," see instructio	ns and complete Sc	hedule S	SB	Yes [No
11a Enter the unpaid minimum required contri	butions for all years from Schedule SB (Form 5500) li	ne 40	11a	T		
12 Is this a defined contribution plan subject ERISA?	to the minimum funding requirements of section 412	of the Code or section	n 302 n	if	Yes X	No
(ii res, complete line 12a of lines 12b,	12c, 12d, and 12e below, as applicable.)					
granting the waiver.	rd for a prior year is being amortized in this plan year,	Month	d enter Da		of the letter ruling Year	
If you completed line 12a, complete lines 3	3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.				· Carrier
b Enter the minimum required contribution for	r this plan year		12b			
c Enter the amount contributed by the employ	yer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the a	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)					*********
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 Tran		***************************************			<u></u>	
	dopted in any plan year?			Yes	X No	
If "Yes," enter the amount of any plan asse	ets that reverted to the employer this year		13a		had	
control of the PBGC?	icipants or beneficiaries, transferred to another plan, o	************************			Yes X No	
C If, during this plan year, any assets or liabil which assets or liabilities were transferred.	lities were transferred from this plan to another plants), identify the plan(s)	to		N-1444-14-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)	
						-
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			bernous resources			paternin
					N. Karanananananananananananananananananana	