_	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089						
Inte	Department of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to				
Pension B	Benefit Guaranty Corporation	 Complete all entries in a 	,		500-SF.	Public Inspection				
Part I		Identification Information								
For calence	dar plan year 2017 or fis	scal plan year beginning 01/01/2			2/31/2017	ing this hav must attach a				
A This re	eturn/report is for:	a single-employer plan		employer information in ac		king this box must attach a ith the form instructions.)				
B This ret	turn/report is	the first return/report	the final return/report	t						
		an amended return/report		urn/report (less than 12 m	ionths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	-	special extension (enter desci				-og.am				
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name	e of plan				1b Three	0				
IBM SERV	ICES, LLC 401(K) PLA	Ν			(PN)	number 001				
					1c Effect	tive date of plan 05/15/2014				
Mailin	ng address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	2b Empl (EIN)	oyer Identification Number 36-4735301				
TBM SERVI		e, country, and zir of foreign post			2c Spor	2c Sponsor's telephone number 509-539-0244				
3411 CAPIT PASCO, WA	TAL AVENUE A 99301				2d Busir	ness code (see instructions) 812990				
3a Plan a	administrator's name ar	nd address 🗙 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN					
•	blan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan I										
5a Total	number of participants	at the beginning of the plan year			5a	2				
		at the end of the plan year			5b	0				
		account balances as of the end of		•	5c	0				
d(1) To	tal number of active par	rticipants at the beginning of the pl	an year		5d(1)	2				
• •		rticipants at the end of the plan yea			5d(2)	0				
than	100% vested	terminated employment during the			5e	0				
Under per SB or Sch	nalties of perjury and oth nedule MB completed ar	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a	ctions, I declare that I hav	ve examined this return/re	port, includi	ng, if applicable, a Schedule				
SIGN	Filed with authorized	/valid electronic signature.	01/29/2018	TERRY MARSHALL						
HERE	Signature of plan a	•	Date	Enter name of individ	lual signing	as plan administrator				
SIGN										
HERE	Signature of emplo		Date	Enter name of individ	lual signing	as employer or plan sponsor				
For Paperv	work Reduction Act Notic	e, see the Instructions for Form 5500)-SF.			Form 5500-SF (2017) v.170203				

	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	an indepei	ndent qualified public a	accounta	ant (IQ	PA)		∕es □ No ∕es □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		,				·····	res 🗌 No
C	If the plan is a defined benefit plan, is it covered under the PBGC in							letermined
Ū	If "Yes" is checked, enter the My PAA confirmation number from the							structions.)
		10 1 DOO p		ian yea			(000 m	5000000
Pa	rt III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year	
a	Total plan assets	. 7a		61536				0
b	Total plan liabilities	. 7b		8786				
C	Net plan assets (subtract line 7b from line 7a)	. 7c		52750				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0				
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b		0				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		52750				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					527	50
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-527	50
j	Transfers to (from) the plan (see instructions)	- 8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D 2T	feature co	des from the List of Pl	an Chai	acteri	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	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		X		
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10b		Х		
c	Was the plan covered by a fidelity bond?			10c	Х			10000
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		10000
e		her person ne or all of	s by an insurance the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х		
	If this is an individual account plan, was there a blackout period?							

10h

10i

Х

2520.101-3.)

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....

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp m 5500) and line 11a below)	lete Sche	edule S	8В		Yes	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 		Yes	K No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct thing the waiver.				of the lette _ Year		g
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-			
b	Enter	r the minimum required contribution for this plan year		12b				
С	Enter	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o ative amount)	fa	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/	/Α
Part '	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Yes	1	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u trol of the PBGC?	nder the			X Yes	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
1	3c(1)) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(:	s)
FOWLE	ER, L	LC 401(K) RETIREMENT PLAN 56-	2455866			001		

	orm 5500-SF	Short Form Annual	Return/Repor Benefit Plan	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089	
	ernal Revenue Service	This form is required to be filed u	Inder sections 104 and	4065 of the Employee I	Retirement	2017	
	Department of Labor Benefile Security Administration	Income Security Act of 1974 (E	RISA), and sections 60 evenue Code (the Cod	057(b) and 6058(a) of th	e Internal	This Form is Open to	
Pension I	Benefit Guaranty Corporation	Complete all entries in acc	cordance with the inst	tructions to the Form (5600-SF.	Public Inspection	
Part I	Annual Report I	dentification Information		3			
For calen	dar plan year 2017 or fis	cal plan year beginning 0	1/01/2017	and ending	12/3	31/2017	
A This re	eturn/report is for:		list of participating e	elan (not multlemployer) mployer information in a	(Filers check accordance w	king this box must attach a ith the form instructions.)	
B This re	turn/report is	a one-participant plan	a foreign plan				
			the final return/report				
		an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter descripti					
Part II		mation—enter all requested inform	nation				
1a Name	e of plan						
TBM SER	VICES, LLC 401	(K) PLAN			12.637.29		
-							
2a Plans	ponsor's name (employ	er, if for a single-employer plan)	\ \		2b Empl	oyer Identification Number	
City o	r town, state or province	, apt., suite no. and street, or P.O. B , country, and ZIP or foreign postal of	ox) ode (if foreian, see Insi	tructions)	(EIN)	36-4735301	
TBM SE	RVICES, LLC						
3411 (7	APITAL AVENUE				and the second s		
J 111 Q.							
PASCO		WA 99301					
3a Plan a	idministrator's name and	address 🛛 Same as Plan Sponso	Fe-		3b Admir	histrator's EIN	
					3c Admir	nistrator's telephone number	
4 If the	name and/or EIN of the	plan sponsor or the plan name has c	hanged since the last r	eturn/report filed for	4b EIN		
	lan, enter the plan spons or's name	or's name, EIN, the plan name and	the plan number from t	he last return/report.	del pu		
C Plan N					40 PN		
En Til						X	
						2	
b Totalı C Numb	number of participants a	the end of the plan year			5b	0	
compl	lete this item)	count balances as of the end of the	pian year (only defined	contribution plans	5c	0	
d(1) Tota	al number of active parti	cipants at the beginning of the plan	/ear		5d(1)	2	
d(2) Tot	al number of active parti	cipants at the end of the plan year			5d(2)	0	
e Numb	per of participants who te	minated employment during the pla	in year with accrued be	inefits that were less	5e		
Caution: A	penalty for the late or	incomplete filing of this returning	port will be assessed	unless researable er		0 Nebod	
Under pena	alties of perjury and othe	r penalties set forth in the instruction	s. I declare that I have	examined this return/re-	nort includin	g if applicable a Schedule	
belief, it is t	rue, correct, and comple	te. A				sest of my knowledge and	
SIGN	Muit	naishall	1/29/18	1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 1210-0089 121/2017 This Form is Open to Public Inspection and ending 12/31/2017 Typoyer plan (not multimeployer) (Filers checking this box must attach a peting employer information in accordance with the form instructions.) n n/report tension DFVC program 10 Three-digit plan number 001 (PN) 10 Employer identification Number (EN) 36 - 4735301 20 Sponsor's telephone number 50 - 0244 20 Administrator's telephone number 50 - 0244 20 Administrator's telephone number 50 - 0244 20 Sb			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing as	s plan administrator	
SIGN	· · · ·			and the second se			
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of Individu		s employer or plan sponsor	
And a second second		- France all and all	Duto		ua againg as	s employer of plan sponsor	

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

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X 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.)	X 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Llabilities		(a) Beginning	of Yea	r 🔤		(b) End of Year	
a	Total plan assets	7a		61,	536			0
	Total plan liabilities	7b		8,	786			
C	Net plan assets (subtract line 7b from line 7a)	7c		52,	750			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			о			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)						
b	Other Income (loss)	8b			0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						0
d	Benefits paid (including direct rollovers and insurance premlums to provide benefits)	8d		52,	750			
е	Certain deemed and/or corrective distributions (see instructions)	80						
f_	Administrative service providers (salarles, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5:	2,750
	Net income (loss) (subtract line 8h from line 8c)	81					- 52	2,750
j	Transfers to (from) the plan (see instructions)	8]						
Pa	rt IV Plan Characteristics							
b	2A 2E 2J 2K 2F 2G 2R 3D 2T If the plan provides welfare benefits, enter the applicable welfare for							
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a 	Was there a fallure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See Instructions and DOL's V Program)	oluntary Fi	duclary 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	х		10	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e	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 e or all of t	by an insurance the benefits under	10e		x		-
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		x		
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			101			Sector Sector	

Form 5500-SF 2017

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Part	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)			[] Y	ies 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		of	[] Y	ies 🔀 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	nd enter Da		f the letter Year	r ruling
lf y	ou 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			
	Inter 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 \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes		о С
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	1		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to			
1	Ic(1) Name of plan(s): 13c(2) EIN(s)		13c(3)	PN(s)
Fowle	Fowler, LLC 401(k) Retirement Plan 56-245				