Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

1933 JADWIN AVE, SUITE 230 RICHLAND, WA 99354

3a Plan administrator's name and address XSame as Plan Sponsor.

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).

2014

Business code (see instructions) 541330

3c Administrator's telephone number

Administrator's EIN

5c

5d(1)

5d(2)

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. **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit TRADEWIND SERVICES, LLC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TRADEWIND SERVICES, LLC (EIN) 84-1694093 Sponsor's telephone number 509-943-4745

4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 82 **b** Total number of participants at the end of the plan year..... 5b 66

5e less than 100% vested.

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	06/15/2015	JEFFREY S. HERTZE	EL .			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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	Form 5500-SF 2014		Page 2							
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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta	int (IQ	PA)				es [No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No	Not de	termin	ed
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
<u>a</u>	Total plan assets	7a	17812					190	4481	
b	Total plan liabilities	7b		0	_				0	
	Net plan assets (subtract line 7b from line 7a)	7c	17812	297	-			190)4481	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from: (1) Employers	8a(1)	1217	717						
	(2) Participants	8a(2)	4025	511						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	825	574						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						60	6802	
	Benefits paid (including direct rollovers and insurance premiums	8d	4836	S18						
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						48	3618	
	Net income (loss) (subtract line 8h from line 8c)	8i						12	3184	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics				•					
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amour	ıt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		·	10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	X				200	0000
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.)	all of the benefits under the plan? (See			X				1(0067
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X				33	3851
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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day		he lettei Year _	ruling	l —

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 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?		🔲 Y	′es 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?		inder the control		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 th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Part I

Pension Benefit Guaranty Corporation

Annual Report Identification Information

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

2014

This Form is Open to **Public Inspection**

		fiscal plan year beginning	01/01/2014	and ending	12/31/2	014
For calenda	i pian year 2014 or	a single-employer plan	a multiple-employer pla		(Filers checking thi	s box must attach a list
A This retu	urn/report is for:	A diligio cilipioyo pian	of participating employ	er information in accord	dance with the form	instructions)
71 111101010	in open in the	a one-participant plan	a foreign plan			
B This retur	rn/report is	the first return/report	the final return/report			
- Inio rota	TIM OP OUT IS	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
					☐ DFVC pr	ogram
C Check b	ox if filing under:	Form 5558	automatic extension		☐ peach	ogram
		special extension (enter des	cription)			
Part II	Pacie Plan In	formation—enter all requested in				
1a Name		Torriacion enter an requestes in	Hormation		1b Three-digit	
		, LLC 401(K) PLAN			plan numbe	er 001
					(PN)	to of plan
					1c Effective da 01/01/2	
2a Di		address; include room or suite num	her (employer if for a single-	employer plan)		lentification Number
	IND SERVICES		ber (amproyar, in ror a amgre		(EIN) 84-	
					2c Sponsor's t	elephone number
1933 JA	ADWIN AVE, S	UITE 230			509-943	-4745
						ode (see instructions)
RICHLAN		WA 99354			541330	. 5101
3a Plan ad	dministrator's name	and address XSame as Plan Spo	nsor.		3b Administrat	or's EIN
					3c Administrat	or's telephone number
						·
					<u> </u>	
4 If the r	name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b EIN	
		number from the last return/report.			4c PN	
	or's name	nts at the beginning of the plan yea	r Contraction			82
		nts at the end of the plan year				66
		ith account balances as of the end				
C Numb	er of participants wi ete this item)	ith account balances as of the end t			5c	34
d(1) Tot	al number of active	participants at the beginning of the	plan year		E4/4\	
					50(1)	57
	المرينة فالمسترك والمسترين والمرازي	wartisingsto at the and of the plan	logt.		5d(1)	
		participants at the end of the plan			5d(2)	
	er of participants tha	at terminated employment during th	e plan year with accrued ben	efits that were		55
less th	er of participants tha	at terminated employment during the	e plan year with accrued ben	efits that were	5d(2) 5e	55
Caution: A	er of participants that nan 100% vested A penalty for the la	at terminated employment during the	e plan year with accrued ben- urn/report will be assessed	efits that were unless reasonable ca	5d(2) 5e ause is establishe eport, including, if a	55 d. applicable, a Schedule
Caution: A Under pen SB or Scho	er of participants than an 100% vested A penalty for the late alties of perjury and edule MB completes	at terminated employment during the attention of this retained of the penalties set forth in the instead of and signed by an enrolled actuary	e plan year with accrued ben- urn/report will be assessed	efits that were unless reasonable ca	5d(2) 5e ause is establishe eport, including, if a	55 d. applicable, a Schedule
Caution: A Under pen SB or Scho belief, it is	er of participants that nan 100% vested A penalty for the late alties of perjury and edule MB complete true, correct, and complete true, correct, and complete true.	at terminated employment during the attention of this retidence of the penalties set forth in the instead and signed by an enrolled actuary dimplete.	urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve	efits that were unless reasonable case examined this return/repo	5d(2) 5e suse is establishereport, including, if and to the best	55 d. applicable, a Schedule
Caution: A Under pen SB or Schobelief, it is	er of participants that nan 100% vested A penalty for the latalities of perjury and edule MB completed true, correct, and contact the second sec	at terminated employment during the atte or incomplete filing of this retrieved in the instead of the signed by an enrolled actuary dimplete.	urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve	efits that were unless reasonable care examined this return/reportsion of this return/reportsion of this return/reportsion.	5d(2) 5e suse is establishe eport, including, if a ort, and to the best of the stable extraction of the stable extraction.	d. applicable, a Schedule of my knowledge and
Caution: A Under pen SB or Scho belief, it is	er of participants that nan 100% vested A penalty for the latalities of perjury and edule MB completed true, correct, and contact the second sec	at terminated employment during the attention of this retidence of the penalties set forth in the instead and signed by an enrolled actuary dimplete.	urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve	efits that were unless reasonable case examined this return/repo	5d(2) 5e suse is establishe eport, including, if a ort, and to the best of the stable extraction of the stable extraction.	d. applicable, a Schedule of my knowledge and
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Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	er of participants that nan 100% vested A penalty for the latest and the second of perjury and edule MB complete true, correct, and complete true, correct, and complete true.	at terminated employment during the continuous set of the continuous set forth in the instead and signed by an enrolled actuary displayer.	e plan year with accrued ben urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve 6/8//5 Date	efits that were unless reasonable case examined this return/resion of this return/report JEFFREY S. H. Enter name of indiv	5d(2) 5e suse is establisher eport, including, if a ort, and to the best of ERTZEL idual signing as pla idual signing as em	d. applicable, a Schedule of my knowledge and n administrator
Caution: A Under pen SB or Schi belief, it is SIGN HERE SIGN HERE	er of participants that nan 100% vested A penalty for the labelities of perjury and edule MB complete true, correct, and complete true, correct, and complete true.	at terminated employment during the activity of this retrieved other penalties set forth in the instead and signed by an enrolled actuary amplete.	e plan year with accrued ben urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve 6/8//5 Date	efits that were unless reasonable case examined this return/resion of this return/report JEFFREY S. H. Enter name of indiv	5d(2) 5e suse is establisher eport, including, if a ort, and to the best of ERTZEL idual signing as pla idual signing as em	d. d. applicable, a Schedule of my knowledge and n administrator
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Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	er of participants that nan 100% vested A penalty for the labelities of perjury and edule MB complete true, correct, and complete true, correct, and complete true.	at terminated employment during the continuous set of the continuous set forth in the instead and signed by an enrolled actuary displayer.	e plan year with accrued ben urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve 6/8//5 Date	efits that were unless reasonable case examined this return/resion of this return/report JEFFREY S. H. Enter name of indiv	5d(2) 5e suse is establisher eport, including, if a ort, and to the best of ERTZEL idual signing as pla idual signing as em	d. applicable, a Schedule of my knowledge and n administrator
Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	er of participants that nan 100% vested A penalty for the labelities of perjury and edule MB complete true, correct, and complete true, correct, and complete true.	at terminated employment during the continuous set of the continuous set forth in the instead and signed by an enrolled actuary displayer.	e plan year with accrued ben urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve 6/8//5 Date	efits that were unless reasonable case examined this return/resion of this return/report JEFFREY S. H. Enter name of indiv	5d(2) 5e suse is establisher eport, including, if a ort, and to the best of ERTZEL idual signing as pla idual signing as em	d. applicable, a Schedule of my knowledge and n administrator
Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	er of participants that nan 100% vested A penalty for the labelities of perjury and edule MB complete true, correct, and complete true, correct, and complete true.	at terminated employment during the continuous set of the continuous set forth in the instead and signed by an enrolled actuary displayer.	e plan year with accrued ben urn/report will be assessed ructions, I declare that I have y, as well as the electronic ve 6/8//5 Date	efits that were unless reasonable case examined this return/resion of this return/report JEFFREY S. H. Enter name of indiv	5d(2) 5e suse is establisher eport, including, if a ort, and to the best of ERTZEL idual signing as pla idual signing as em	n administrator

	Form 5500-SF 2014		Page 2				
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 at If you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IC	PA)	5500	∑ Yes ☐ No
	t III Financial Information	- Carantoo p		,.		1 .00	Unio University
7	A Section 19 -4 The Continue of a Continue of Continue	100					799-2012 200
	Plan Assets and Liabilities	_	(a) Beginning of Yea	3129	77		(b) End of Year 1904481
	Total plan assets	7a	170	5123	0		1904481
	Total plan liabilities	7b	170	3129	<u> </u>		1904481
	Income, Expenses, and Transfers for this Plan Year	7c	<u> </u>	1123	-		2001-01-01
	Contributions received or receivable from:		(a) Amount			- 0	(b) Total
	(1) Employers	8a(1)	12	2171	-7		
	(2) Participants	8a(2)	4 (0251	1	Ц,	
	(3) Others (including rollovers)	8a(3)				1117	
b	Other income (loss)	8b	3	325	74		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Ш		606802
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4.8	3361	18		ear all the contract
e	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f					adultante de la companie
g	Other expenses	8g			11 %		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0		483618
	Net income (loss) (subtract line 8h from line 8c)	8i		X.			123184
	Transfers to (from) the plan (see instructions)	8j					AND CONTRACTOR OF THE PARTY OF
9a b	If the plan provides pension benefits, enter the applicable pension 3D 2G 2J 2K 2F 2E 2T If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 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.)	? (Do not	include transactions reported	10b		х	
	Was the plan covered by a fidelity bond?			10c	х		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ber	s by an insurance carrier, refits under the plan? (See	10e	х		10067
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 vear	end.)	10a	Х		33851
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10g		Х	
-1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii			KWANIYO SA
Part							
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 current year fr	om Sched	dule SB (Form 5500) line 39		******	11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	orse	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

Day

Form 5500-SF 2014	Page 3 -					
If you completed line 12a, complete lines 3, 9, and 10 of Schedul	MB (Form 5500), and skip to I	ine 13.				
b Enter the minimum required contribution for this plan year			12b			
C Enter the amount contributed by the employer to the plan for this p	lan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	,		12d			
e Will the minimum funding amount reported on line 12d be met by	he 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?			Ye	s X No		
If "Yes," enter the amount of any plan assets that reverted to the	mployer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries of the PBGC?			ontrol		Yes	X No
C If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), id	lentify the plan(s)	to			
13c(1) Name of plan(s):		1	3c(2) EIN	l(s)	13c(3) F	N(s)
Part VIII Trust Information (optional)						
14a Name of trust			14b Tru	ıst's EIN		