## 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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		identification information							
For	calendar plan year 2015 or f		2015 and ending 12	2/31/20	)15				
Α	This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions)						
		a one-participant plan	a foreign plan						
В٦	This return/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 mo	onths)					
С	Check box if filing under:	Form 5558	automatic extension		DFVC progr	am			
		special extension (enter descr	iption)						
Pa	art II Basic Plan Info	ormation—enter all requested inf	ormation						
1a	Name of plan			1b	Three-digit				
TRA	DEWIND SERVICES, LLC 4	01(K) PLAN			plan number				
					(PN) ▶	001			
				1c	Effective date of 01/0	plan 1/2006			
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)					Employer Identif (EIN) 84-1	ication Number 694093			
ъΛг	City or town, state or province DEWIND SERVICES, LLC	ce, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c Sponsor's telephone number					
IVAL	DEWIND OFTENOED, EEO			509-943-4745					
				2d	Business code (	see instructions)			
	JADWIN AVE, SUITE 230 LAND, WA 99354			541330					
					5410				
3a	Plan administrator's name a	nd address XSame as Plan Spons	sor.	3b	Administrator's E	EIN			
				3c	Administrator's t	elephone number			
4		e plan sponsor has changed since make from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN				
	Sponsor's name			4c					
				5a		66			
				5b	)	80			
С			the plan year (defined benefit plans do not	50		34			
d	(1) Total number of active pa	articipants at the beginning of the plant	an year	5d(	1)	55			
d	(2) Total number of active pa	articipants at the end of the plan yea	ar	5d(	2)	76			
e	' '	. ,	plan year with accrued benefits that were less	5e	9	0			
	ition: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable cau						
			ctions, I declare that I have examined this return/report						
	or Schedule MB completed a ef, it is true, correct, and com		is well as the electronic version of this return/report	i, and t	o the best of my	knowledge and			

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

SIGN HERE

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</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</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes 1
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year
a Total plan assets	. 7a		1904					2111972
<b>b</b> Total plan liabilities	. 7b			0				0
C Net plan assets (subtract line 7b from line 7a)	. 7с		1904	481				2111972
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal
(1) Employers	. 8a(1)		110	343				
(2) Participants	. 8a(2)		413	451				
(3) Others (including rollovers)	. 8a(3)							
<b>b</b> Other income (loss)	. 8b		-14	134				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							509660
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		301	899				
Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f			270				
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								302169
i Net income (loss) (subtract line 8h from line 8c)								207491
j Transfers to (from) the plan (see instructions)	. 8i							
Part IV Plan Characteristics	<u>, , , , , , , , , , , , , , , , , , , </u>							
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in th	he instruc	tions:
B If the plan provides welfare benefits, enter the applicable welfare f		- franklin Lint of Dia	. 01			l		
B If the plan provides welfare benefits, enter the applicable welfare f	reature code	es from the List of Pla	n Chara	acterist	ic Coc	ies in the	e instructi	ons:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
			10c	X				1904
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 oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e	X				1009
f Has the plan failed to provide any benefit when due under the pla					Х			1000
			10f		^			
g Did the plan have any participant loans? (If "Yes," enter amount a	•	·	10g	X				1950
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ			
i If 10h was answered "Yes," check the box if you either provided t 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						<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes 1
11a Enter the unpaid minimum required contribution for all years from	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 :	302 of E	RISA?	Yes X 1

	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 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	Trustee's or custodian's				
140 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 If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching 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	Yes No					
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Average benefit 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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).									
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			

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	ccordance with the instr	uctions to the Form 550	00-SF.					
Part I		Identification Information								
For calend	ar plan year 2015 or fi	iscal plan year beginning	01/01/2015	and ending	12/	/31/201	5			
A This ret	turn/report is for:	a single-employer plan	list of participating em	lan (not multiemployer)( nployer information in acc						
D		a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 mo	nths)					
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	ram			
Ph. 4.11	[ n . n	special extension (enter descri								
Part II	•	ormation—enter all requested info	ormation		45 -		T			
1a Name TRADEWI		LLC 401(K) PLAN			1b Three plan (PN)	number	001			
		it .			1c Effec	ctive date o				
Mailing	g address (include rooi	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.				loyer Identi 84-169	fication Number 94093			
	WIND SERVICES	ce, country, and ZIP or foreign posta , LLC	ii code (it foreign, see instri	uctions)		ponsor's telephone number 09-943-4745				
1933 J	1933 JADWIN AVE, SUITE 230					usiness code (see instructions)				
RICHLA	4ND	WA 99354								
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or.		<b>3b</b> Admi	inistrator's	EIN			
name,	, EIN, and the plan nur	e plan sponsor has changed since ti mber from the last return/report.	he last return/report filed fo		4b EIN					
a Sponse					4c PN					
		at the beginning of the plan year			5a		66			
		at the end of the plan year			5b		80			
compl	lete this item)	account balances as of the end of the			5c					
٠,		rticipants at the beginning of the pla	,	H	5d(1)		55			
		rticipants at the end of the plan year		1	5d(2)		76			
		terminated employment during the			5e		0			
Caution: A	penalty for the late	or incomplete filing of this return.	report will be assessed u	uniess reasonable caus	se is estab	olished.				
SB or Sche	alties of perjury and otl edule MB completed ar true, correct, and com	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	tions, I declare that I have e s well as the electronic vers	examined this return/report,	ort, includir and to the	ng, if applic best of my	able, a Schedule knowledge and			
SIGN	15 Ho	D. (	6/20/15	JEFFREY S. HER	TZEL					
HERE	Signature of plan a	deninistrator	Date	Enter name of individua	al signing a	as olan adr	ninistrator			
SIGN	7		1000000	Enter heart of many	ar organiza	to plan a	Illiotrator			
HERE	Signature of emplo	worlnian enoneor	Date	Enter name of individua	ol elanina s	a amploye	- ar alan anangar			
Preparer's		name, if applicable) and address (inc			Preparer's					
,										
							A POLICE TO A PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PART			

	Form 5500-SF 2015		Page <b>2</b>							
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 a lf you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC instructions.	an indepen and conditi ot use For	dent qualified public a ons.) m 5500-SF and must	ccount instea	ant (IQ	PA)	5500.	иничим	X Ye	es No
	rt III   Financial Information	- Caranoo pi		-	021).		, 100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	Plan Assets and Liabilities	100	(a) Daninnina	of Va		T		W. End		
	Total plan assets	7a	(a) Beginning		ar 0448	1		(b) E110	of Year	111972
	Total plan liabilities	7a 7b			0110	0				0
	Net plan assets (subtract line 7b from line 7a)	7c		19	0448	1			2	111972
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt		_		(b) .	Total	
а	Contributions received or receivable from:		37		1004	_	W 15	(2)	-1-1-	
	(1) Employers	8a(1)			1034	-				
	(2) Participants	8a(2)		4	1345	1	-144		- 517	4 5 50
<u></u>	(3) Others (including rollovers)	8a(3)			1410	4				
	Other income (loss)	8b		_	1413	4				E00660
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								509660
	to provide benefits)	8d		3	0189	9				
е	Certain deemed and/or corrective distributions (see instructions)	8e					219	FJE	N DELL	
f	Administrative service providers (salaries, fees, commissions)	8f			27	0		S IKC II	E 75 )	
g	Other expenses	8g						1 2		-,123
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			X -					302169
i	Net income (loss) (subtract line 8h from line 8c)	8i		11 24	ilijie					207491
j	Transfers to (from) the plan (see instructions)	8j				. 11		1 32 1 5	8. but	***   Tell = 1
9a B Par	If the plan provides pension benefits, enter the applicable pension of 3D 2G 2J 2K 2F 2E 2T  If the plan provides welfare benefits, enter the applicable welfare fellows  The compliance Questions									
10	During the plan year:				Yes	No	N/A	Г	Amoun	•
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary Fi	duciary Correction	10a	100	Х			Amoun	L
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		Х	-			
С	Was the plan covered by a fidelity bond?			10c	Х					19044
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 other carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	e or all of t	he benefits under	10e	х					1009
f	Has the plan failed to provide any benefit when due under the plar	1?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	Х					19509
h		See instru	ctions and 29 CFR	10g		Х		M Ju		
i		e required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Par	V I									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Ye	s No
11:	Enter the unpaid minimum required contribution for all years from the second se	Schedule 5	SB (Form 5500) line 4:	)			110	L		

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

12

Yes X No

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_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver	enter the Day		e letter ruli Year	ng			
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						
	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		11000				
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	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 plan, or brought under the coof the PBGC?			Yes X No  13c(3) PN(s)				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)			
Part	VIII Trust Information							
14a	Name of trust	14b 1	Trust's EIN					
14c	Name of trustee or custodian		d Trustee's or custodian's telephone number					
Par	IRS Compliance Questions							
15a	Is the plan a 401(k) plan?	Ye	s	No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- ised safe irbor ethod					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye		No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		atio ercentage st		rage efit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	s	No				
17a	Has the plan been timely amended for all required tax law changes?	Ye	s	No	N/A			
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	applicat	ole code _	(See ir	structions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number		<u> </u>		or			
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter .	the plar	n's last fav	orable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes	3	No				
19	Were in-service distributions made during the plan year?	Ye	s	No				
	If "Yes," enter amount	19						