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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

 Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: 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) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit TRADEWIND SERVICES LLC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2006 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 84-1694093 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number TRADEWIND SERVICES LLC 509-943-4745 2d Business code (see instructions) 1100 JADWIN AVE, SUITE 500 541330 RICHLAND, WA 99352 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 80 5a Total number of participants at the beginning of the plan year 5b 137 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 65 5c complete this item)..... 76 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 127 d(2) Total number of active participants at the end of the plan year.....

than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

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	rue, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	06/21/2017	JEFFREY S. HERTZEL			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number		

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X Ye	es No
b	Are you claiming a waiver of the annual examination and report of 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	and condi	tions.)						X Ye	es 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	termined
	rt III Financial Information				- ,		1			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
	Total plan assets	7a		111972			'	(b) Liid	292104	1 5
_	Total plan liabilities	7b		0)				82	21
	Net plan assets (subtract line 7b from line 7a)	7c	2	111972					292022	24
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
	Contributions received or receivable from:		, ,					(-, -		
	(1) Employers	8a(1)		154727						
	(2) Participants	8a(2)		601249	_					
	(3) Others (including rollovers)	8a(3)		76684						
b	Other income (loss)	8b		142894						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							97555	54
d	Benefits paid (including direct rollovers and insurance premiums	8d		167302						
	to provide benefits)			101002						
	Administrative service providers (salaries, fees, commissions)	8e 8f			\dashv					
_ <u>'</u>	-:									
	Other expenses	8g 8h							16730)2
'	Net income (loss) (subtract line 8h from line 8c)	8i				808252				
	Transfers to (from) the plan (see instructions)									
	, , , , , ,	8j								
	t IV Plan Characteristics	facture	ados from the List of Di	on Cho	ro oto ri	otio Co	daa ia	the inet	otiono.	
9a	If the plan provides pension benefits, enter the applicable pension 3D 2G 2J 2K 2F 2E 2T	reature co	des nom the list of Fi	an Cna	racteri	SIIC CC	oues III	trie iristi	uctions.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
С	,			10c	X					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e	X					12369
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					20979
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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

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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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information				
For calenda	ar plan year 2016 or fi	iscal plan year beginning	01/01/2016	and ending	12/31/2	016
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (nployer information in a		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	m
Daniel II	D's Dian Infe	special extension (enter des				
Part II		ormation—enter all requested in	nformation		1b Three-digi	t
1a Name TRADEWIN		LC 401(K) PLAN			plan numb	100
					1c Effective of 01/01/2	
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)			Identification Number 1694093
•	town, state or provinc IND_SERVICES_:	ce, country, and ZIP or foreign pos	stal code (if foreign, see instr	ructions)	2c Sponsor's	telephone number
TIMDEM	IND BERVICED .				509-943	
1100 JA	ADWIN AVE, SU	ITE 500			2d Business of 541330	code (see instructions)
RICHLAN		WA 99352				
3a Plan a	dministrator's name a	ınd address 🗓 Same as Plan Sp	onsor.		3b Administra	itor's EIN
					3c Administra	ator's telephone number
		ne plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b EIN	
	e, EIN, and the plan nu or's name	ımber from the last return/report.			4c PN	
5a Total	number of participants	s at the beginning of the plan year			. 5a	80
b Total	number of participants	s at the end of the plan year			. 5b	137
		account balances as of the end o			5c	65
d(1) Tot	al number of active pa	articipants at the beginning of the	plan year		. 5d(1)	76
d(2) Tot	tal number of active pa	articipants at the end of the plan y	rear		5d(2)	127
than	100% vested	t terminated employment during th			5e	C
Caution: A	A penalty for the late	or incomplete filing of this retu	ırn/report will be assessed	unless reasonable ca	iuse is establish	ed.
SB or Sche	alties of perjury and o edule MB completed a true, correct, and/com	ther penalties set forth in the instrand signed by an enrolled actuary, polete.	, as well as the electronic ve	rsion of this return/repo	eport, including, if irt, and to the best	applicable, a Schedule t of my knowledge and
SIGN	1.5. How	tel	6/21/17	JEFFREY S. HE	RTZEL	
HERE	Signature of plan	dministrator	Date	Enter name of individ	dual signing as pla	an administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	dual signing as er	mployer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address	(include room or suite numbe	ər)	Preparer's tele	phone number

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М	а	u	н	4

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public a	ccount	ant (IQ	PA)		
	unger 29 GFR 2520.104-46? (See instructions on waiver engining a If you answered "No" to either line 6a or line 6b, the plan cann							alaman .
	f the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Par								
	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
	Total plan assets	7a		111,	972			2,921,045
	Total plan liabilities	7b			0			821
	Net plan assets (subtract line 7b from line 7a)	7c	2,	111,	972			2,920,224
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Totai
а	Contributions received or receivable from:		W-31		727			
	(1) Employers	8a(1)		154,	_	-	-	
	(2) Participants	8a(2)		601,:	_	-	-	
	(3) Others (including rollovers)	8a(3)		76,	-	_	-	
	Other income (loss)	8b		142,	394			075 554
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			975,554
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		167,	302			
	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						167,302
_	Net income (loss) (subtract line 8h from line 8c)	8i						808,252
	Transfers to (from) the plan (see instructions)	8i						
Par		l ol l						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:
Ju	3D 2G 2J 2K 2F 2E 2T							
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	ic Co	des in t	he instructions:
Par	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's N	utions within	n the time period					
	Program)			10a		X		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х		
	Was the plan covered by a fidelity bond?			10c	Х			300,000
d	Did the plan have a loss, whether or not reimbursed by the plan's					х		
	by fraud or dishonesty?			10d				
е	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	Х			12,369
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	Х			20,979
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			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 2520.10	he require	d notice or one of the	10i				

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Pension Funding Compliance			
this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schorm 5500) and line 11a below)	edule SE	3	
nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section RISA? f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 of		
a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an anting the waiver	d enter tl Day		ne le Yea
completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
er the minimum required contribution for this plan year	12b		
the second of th	12c		

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho (Form 5500) and line 11a below)			Yes	No 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?			Yes	X No
,	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			of the letter r	ilina
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.	enter i Day		Year Year	uling
If	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			
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	No 🛛 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 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)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information				
14a	Name of trust	14b	Trust's I	EIN	
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number			
Par	t IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan? If "No," skip b.			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	ign-based "Prior year" ADP test "N/A "N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	entage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?			☐ No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion lette the letter and the serial number				
17t	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date letter	of the r	nost rec	ent determina	ation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	Y6	es	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Ye	es	No	