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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all ent	ries in accor	dance witl	h the instructions to the Form 550	0-SF.		•		
Pa	art I Annual Report Identification Infor	mation							
For	calendar plan year 2011 or fiscal plan year beginning	01/01/201	1	and ending 1	2/31/2	2011			
Α.	This return/report is for:	an	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
	This return/report is: the first return/report			eturn/report			•		
Ь		<u> </u>		·	11 1				
	an amended return/r	eport	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558		automatic	extension		DFVC progra	m		
	special extension (e	nter description	on)						
Pa	art II Basic Plan Information—enter all requ	uested inform	ation						
	Name of plan				1b	Three-digit			
	INECT-AIR INTERNATIONAL, INC. CASH OR DEFER	RED PROFIT	SHARING	PLAN		plan number			
						(PN) ▶	001		
					1c	Effective date of	plan		
						10/01/	/1991		
	Plan sponsor's name and address; include room or su	ite number (e	employer, if	for a single-employer plan)	2b	Employer Identif		r	
CON	NNECT-AIR INTERNATIONAL, INC.					(EIN) 91-10	20751		
					2c	Sponsor's telep			
	BST. N.W.					253-813			
AUBI	URN, WA 98001				2d	Business code (s)	
						33411			
	Plan administrator's name and address (if same as planting the control of the con			·")	3b	Administrator's E	EIN 20751		
COM	CONNECT-AIR INTERNATIONAL, INC. 4240 B ST. 1 AUBURN, W				30			har	
					30	Administrator's t 253-813		bei	
4	If the name and/or EIN of the plan sponsor has change	ed since the	last return/i	report filed for this plan, enter the	4b	FIN			
-	name, EIN, and the plan number from the last return/			repert med for and plant, error and	-12	LIIV			
а	Sponsor's name				4c	PN			
5a	Total number of participants at the beginning of the plan year				5a			26	
b	b Total number of participants at the end of the plan year					5b			
С									
·	complete this item)			•	5c			17	
6a	Were all of the plan's assets during the plan year inve	ested in eligib	le assets?	(See instructions.)			X Yes	No	
b	Are you claiming a waiver of the annual examination	and report of	an indeper	ndent qualified public accountant (IQI	PA)				
	under 29 CFR 2520.104-46? (See instructions on wa	ver eligibility	and conditi	ions.)			X Yes	No	
	If you answered "No" to either 6a or 6b, the plan of	annot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	art III Financial Information		1	<u></u>					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	1361040			998030		
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7b from line 7a)		. 7c	1361040			998030		
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal		
а				(a) / uno ant		(2) .	<u> </u>		
	(1) Employers		. 8a(1)						
	(2) Participants		. 8a(2)	94875					
	(3) Others (including rollovers)								
b	, , ,			-39376					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						55499		
d	Benefits paid (including direct rollovers and insurance		60						
u	to provide benefits)		. 8d	416539					
е	Certain deemed and/or corrective distributions (see in								
f	Administrative service providers (salaries, fees, comm								
	Other expenses	,		1970					
g	·			10.10			418509		
h :	1 (, , , , , , , , , , , , , , , , , ,								
!	Net income (loss) (subtract line 8h from line 8c)						-363010		
J	Transfers to (from) the plan (see instructions)		· 8j						

Form	5500-SF 2011	

5500-SF 2011 Page	2 - <u> </u>	1	
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Part IV	Plan Characteristics
9a If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	X X	X X X X X X		7.111	ount	150000
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	X	X			1	50000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	di	X			1	150000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	i	X				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	f	X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	9	X				
2520.101-3.)	1	X				
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	i					
VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet 5500))					Yes	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s					Yes	X No
(If "Yes," complete 12a or 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 instruction granting the waiver. Month						
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ſ	12h				
Enter the minimum required contribution for this plan year	Ī	12b 12c				
Enter the amount contributed by the employer to the plan for this plan year	•	12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	No	N/A
VII Plan Terminations and Transfers of Assets				<u> </u>	<u> </u>	
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						
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	er the c		l		Yes	X No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)					-	_
3c(1) Name of plan(s):	1:	3c(2)	EIN(s)		13c(3)	PN(s)
ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	ause is	s esta	ıblished.	<u> </u>		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/18/2012	SEAN T. MCCARTHY
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 individual signing as employer or plan sponsor

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

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Part I Annual Report Identification Information										
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011									
ΑТ	his return/report is for:	a multiple-	employer plan (not multiemployer)		a one-participant plan					
ВТ	This return/report is: the first return/report the final return/report									
	an amended return/report	a short plai	year return/report (less than 12 mo	nths)						
C	Check box if filing under: Form 5558	automatic	extension		DFVC program					
	special extension (enter description	n)								
Pa	Part II Basic Plan Information—enter all requested information									
	Name of plan		1-1112-11	1b	Three-digit					
CON	NECT-AIR INTERNATIONAL, INC. CASH OR DEFERRED PROFIT	SHARING	PLAN		plan number					
			•	- A -	(FIN) P					
5-				10	Effective date of plan 10/01/1991					
2a CON	Plan sponsor's name and address; include room or suite number (er NECT-AIR INTERNATIONAL, INC.	nployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-1020751					
				20	Sponsor's telephone number					
V-104-1777-1000	and white a court				253-813-5599					
	B ST. N.W. JRN WA 98001			2d	Business code (see instructions)					
.,,					334110					
3a SAM	Plan administrator's name and address (if same as plan sponsor, en	iter "Same	Ö	3b	Administrator's EIN 91-1020751					
O/ III.				3с	Administrator's telephone number 253-813-5599					
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN					
-	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN					
2000	Total number of participants at the beginning of the plan year			5a	26					
	Total number of participants at the end of the plan year			5b	27					
	Number of participants with account balances as of the end of the p			อม						
С	complete this item)			5c	17					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No					
b	Are you claiming a waiver of the annual examination and report of a				X Yes ∏ No					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				X Yes No					
Pa	rt III Financial Information	JIII 0000 .	or and made motoda add coming							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	. 7a	1361040		998030					
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1361040		998030					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:									
	(1) Employers		0.077	-						
	(2) Participants	77	94875							
***	(3) Others (including rollovers)		20070							
b	Other income (loss)	***************************************	-39376	-	ECION					
2	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			55499					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	416539							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		4						
f	Administrative service providers (salaries, fees, commissions)	. 8f	The second state of the se							
g	Other expenses	8g	1970		The state of the s					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			418509					
i	Net income (loss) (subtract line 8h from line 8c)			-	-363010					
i	Transfers to (from) the plan (see instructions)	Ri		1						

Form 5500-SF 2011	Page 2 - 1				

Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

M.	11 111	e plan provides wentare benefits, enter the applicable wentare relative	s coded from the E	of or right Official	otonoti	0 000	C3 III	une inc	on a Culor	o.		
Part	V	Compliance Questions						GMANICONN I				
10	Du	ring the plan year:				Yes	No		Α	mount		
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								- AGRETI			
b		re there any nonexempt transactions with any party-in-interest? (Do			10b		X					
С	W	as the plan covered by a fidelity bond?			10c	X					150000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelit			10d	- Calculation	Х		- 14/7)54/714	1		
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.)						х					
f	Ha	s the plan failed to provide any benefit when due under the plan?	**********	***********	10f		Х			(1970 B)	8	
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10g		Χ					
h		nis is an individual account plan, was there a blackout period? (See i 20.101-3.)			10h		Х				3000	
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i				ya Sa			
Part	VI	Pension Funding Compliance										
11		his a defined benefit plan subject to minimum funding requirements?								Yes	No	
12	Is	this a defined contribution plan subject to the minimum funding requi	irements of section	1 412 of the Code	or se	ction 3	302 of	ERIS	A?	Yes	X No	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.										
а		waiver of the minimum funding standard for a prior year is being am nting the waiver.										
If y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB				-	Day			cai		
b	Ent	er the minimum required contribution for this plan year		••••		[12b		-7755	7.54mile- 		
С	Ent	er the amount contributed by the employer to the plan for this plan y	/ear		*******		12c					
d		otract the amount in line 12c from the amount in line 12b. Enter the r pative amount)					12d					
ее	Wil	the minimum funding amount reported on line 12d be met by the fu	ınding deadline?		·······			☐ Y	es	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							9900000			
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?	***************************************	************	*****	******		Yes	X No			
	lf "	Yes," enter the amount of any plan assets that reverted to the emplo	yer this year	**********************	1	3a					- 17-1746	
b		re all the plan assets distributed to participants or beneficiaries, tran he PBGC?						- Yadilii		Yes	No	
C		uring this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify t	he pla	n(s) to	<u> </u>			=::		
1	3c(1	i) Name of plan(s):			13c(2) EIN(s)				13c(3) PN(s)			
Cauf	ion.	A penalty for the late or incomplete filing of this return/report v	will be assessed i	unless reasonat	le car	ıse is	estah	lishe	d.		-	
Unde SB o	er pe r Scl	nalties of perjury and other penalties set forth in the instructions, I de hedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.	eclare that I have	examined this ret	urn/rep	oort, in	rcludir	ng, if a	pplicabl	e, a Sc owledg	nedule e and	
SIG	N	x Slan I McCarty 16-13-12 SEANT, MCCAR				CARTHY						
HER		ANNO WAY MAD FOR COST NAME AND A CALL OF	Date	Enter name of i	of individual signing as plan administrator							
SIG												
HER	HERE Signature of employer/plan sponsor Date Enter name of in					of individual signing as employer or plan sponsor						