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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in accord	iance with the mount	ctions to the Form 55	ии-ог.		
Part I		Identification Information					
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2012	2	and ending	12/31/2	2012	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer))	a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths))	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	3	special extension (enter description	n)			ш .	
Part II	Basic Plan Info	rmation—enter all requested informa	ation				
1a Name					1b	Three-digit	
	•	INC. CASH OR DEFERRED PROFIT	SHARING PLAN			plan number	
						(PN) •	001
					1c	Effective date o	•
20 Diamen		dunna : in ali india una una au accida un incida a (a)			26	10/01	
	ponsor's name and add AIR INTERNATIONAL,	dress; include room or suite number (er , INC.	mployer, it for a single	-employer plan)	20	Employer Identification (EIN) 91-10	10751
					20	Sponsor's telep	
4240 B ST. I	N W				20	253-81	
AUBURN, W					2d	Business code ((see instructions)
						33411	
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor N	ame Same as Pla	n Sponsor Address	3b	Administrator's	EIN
					20		
					30	Administrator's	telephone number
		plan sponsor has changed since the la	ast return/report filed	or this plan, enter the	4b	EIN	
		nber from the last return/report.			40	DN	
	or's name	at the beginning of the plan year			-	PN	27
		at the end of the plan year					27
		account balances as of the end of the p			·· OD		26
		p	•	•	. 5c		16
6a Were	all of the plan's assets	during the plan year invested in eligibl	e assets? (See instru	ctions.)			X Yes No
		the annual examination and report of a					
		(See instructions on waiver eligibility a					X Yes No
		ther line 6a or line 6b, the plan canno					
		or incomplete filing of this return/rep					abla a Cabadula
		ner penalties set forth in the instructions and signed by an enrolled actuary, as we					
	true, correct, and comp				,	,	3 3 3 3
CION	Filed with authorized/	valid electronic signature.	05/02/2013	SEAN MCCARTHY			
SIGN HERE					de el el		
	Signature of plan ac	dministrator	Date	Enter name of indivi	duai sig	gning as pian adr	ninistrator
SIGN HERE							
	Signature of employ		Date	Enter name of individual	_		
Preparer's	name (including firm name	ame, if applicable) and address; include	e room or suite numb	er (optional)	Prep	parer's telephone	number (optional)

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Por	+ III Eingneich Information						
	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor
	Total plan assets	. 7a	(a) Beginning of Yea				(b) End of Year 1155398
	Total plan liabilities	7a 7b	39000	,			1133330
	Net plan assets (subtract line 7b from line 7a)	7c	99803	80			1155398
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	,,,			(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	9606	64			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	. 8b	16199)4			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					258058
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	9744	7			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	173	0			
f	Administrative service providers (salaries, fees, commissions)	8f	151	3			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					100690
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					157368
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a				10a		X	Allount
b		? (Do not	include transactions reported	10b		X	
c				10c	X		450000
d				100			150000
	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		X	
	Did the plan have any participant loans? (If "Yes," enter amount a				X		
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	^	X	2157
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	Yes No
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes 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.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date of the letter ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

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	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 (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 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 of the PBGC?	control		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		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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 Relirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the Fo

	rt I	Annual Report	Identification Information		otions to the Form 35	00-SF.	_	
Ford	calend	lar plan year 2012 or fi	scal plan year beginning 01/01/2012		and ending	12/31/	2012	
Ат	his re	turn/report is for:	X a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-partici	nant plan
Вт	his re	turn/report is:	П., Н П	ne final return/report	, , , , , , , , , , , , , , , , , , , ,	M)	a one-partici	pant plan-
				92.7	n/report (less than 12 n		V ie	
C 0	Na ale	hav if filling and an	H. H		meport (less than 12 h	nonths	-	
C	леск	box if filing under:	<u> </u>	utomatic extension			DFVC progra	ım
			special extension (enter description)					
	rt II		rmation—enter all requested informati	on				
		of plan	W/2 2			1b	Three-digit	
CONI	NEC I	-AIR INTERNATIONAL	, INC. CASH OR DEFERRED PROFIT S	SHARING PLAN			plan number	001
						1-	(PN) •	550321415
						16	Effective date o	
2a	Plan s	ponsor's name and ad	dress; include room or suite number (em	ployer, if for a single-	emplover plan)	2h	Employer Identi	
CON	NECT-	AIR INTERNATIONAL	, INC.		, , , , , , , , , , , , , , , , , , , ,	20	(EIN) 91-102	
						20	Sponsor's telep	
4240	B ST.	N.W.					(253) 81	
The House of	Water Addressed	T 18 TO 18 A 18 A				2d	Business code (AL DESCRIPTION
		VA 98001					334110	
sa i	Plan a	dministrator's name ar	nd address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN
						2-		
						30	Administrator's t	elephone number
4	If the r	name and/or EIN of the	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
		, ⊵in, and the pian hur or's name	mber from the last return/report.			703	17	
			at the beginning of the plan uses			4c	PN	
			at the beginning of the plan year					27
	N	number of participants	at the end of the plan year	***************************************		5b		26
C	compl	er or participants with a lete this item)	account balances as of the end of the pla	in year (defined bene	fit plans do not	-		
6a	Were	all of the plan's assets	during the plan year invested in eligible	accolo? (Con instrue	t \	5c		16
D	Are vo	ou claiming a waiver of	the annual examination and report of an	independent qualific	d public consustant //C	DA.		X Yes No
	under	29 CFR 2520.104-46	(See instructions on waiver eligibility an	d conditions.)		HCHSTOCAE!		X Yes ∏ No
1-0.0000	If you	answered "No" to ei	ther line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	D []
Caut	ion: A	penalty for the late	or incomplete filing of this return/repo	rt will be assessed :	unless reasonable ca	use is	established.	
Unde	er pena	allies of periury and oth	ner penalties sel forth in the instructions	I declare that I have	avaminad this set	manage in	manage bourses	ble, a Schedule
		true, correct, and comp	id digited by all childred actually, as well	as the electronic vers	sion of this return/repor	t, and (o the best of my	knowledge and
100.50 A		0 /0.00/	7	T.12-1-				-
SIGN		X Slaw WZ	cuz	14/29/13	1 Sean Mc	art	hux	
HER		Signature of plan a	dministrator	Date	Enter name of individ		Control of the contro	injetrator
SIGN		Service					mig do pidir adir	illistrator
HER	E	Signature of emplo	ver/plan sponsor	Date	Enter nome of the district	60000 N - 2000		
Prepa	arer's	name (including firm n	ame, if applicable) and address; include i	room or suite number	Enter name of individ	Prep	ning as employer	or plan sponsor
			0 E		(-Pilotial)	riep	arer s telephone i	number (optional)
						I		1

Pai	t III Financial Information			***			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	1		(b) End of Year
_ a	Total plan assets	7a	99803				1155398
b	Total plan liabilities	7b					1100030
С	Net plan assets (subtract line 7b from line 7a)	7c	99803	0			1155398
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а ——	Contributions received or receivable from: (1) Employers	8a(1)		19080			(b) Total
	(2) Participants	8a(2)	9606	14	i, ii		
bi	(3) Others (including rollovers)	8a(3)				1111	
b	Other income (loss)	8b	16199	4		13.	*
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					258058
d	Benefits paid (including direct rollovers and insurance premiums			8:			20000
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	9744	7	_		
10000		8e	173		-		
- STEEL ST.	Administrative service providers (salaries, fees, commissions)	8f	151	3	_		
	Other expenses	8g	The second second				
C. Connection	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					100690
The state of the s	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			_		157368
		8j				-	
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cor	des from the List of Plan Char	acteris	ilic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	otoriot	o Cod	lon !- 4	L. L. L. L. C.
7	Todaya - Apprecia de estaca esta apertante en esperancia de estaca		ou work the block of Fran Official	CIENSI	ic Cou	ies in t	ne instructions:
Part	V Compliance Questions						
10	During the plan year:	S			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	lions withir	the lime period described in ection Program)	10a		х	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х	150000
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	er persons of the bene	s by an insurance carrier, fits under the plan? (See	10e	11	x	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		×	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	×	ACE.	2157
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)	**************		10h		x	111
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	ne required	notice or one of the	10i			
Part						•	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	enls? (If "\	es," see instructions and com	plete	Sched	lule SE	G (Form Yes No
11a	Enter the amount from Schedule SB line 39			(*****		11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code				ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
S-2-112-	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon	ctions, th	and e	nler th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
<u>d</u>	Enter the minimum required contribution for this plan year				<u></u>	12b	

Form 5500-SF 2012	Page 3 - 1			
C 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 12 negative amount)	2b. Enter the result (enter a minus :	sign to the left of a	12d	
e Will the minimum funding amount reported on line 12d be				Yes No N/A
Part VII Plan Terminations and Transfers of A				7.2. 1.2. 1.1.
13a Has a resolution to terminate the plan been adopted in any pl	an year?		Yes	X No
If "Yes," enter the amount of any plan assets that reverted			13a	
b Were all the plan assets distributed to participants or ben of the PBGC?	eficiaries, transferred to another of	an or brought under the	control	∏ Yes ☒ N
c If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	ferred from this plan to another pla	ın(s), identify the plan(s)	lo	
13c(1) Name of plan(s):		1	3c(2) EIN(s)	13c(3) PN(s
	٥			
Part VIII Trust Information (optional)				
14a Name of trust			14b Trust's	s EIN
		Ĭ		