## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			F Complete all entries in accord	uance with the mond	cuons to the Form 550	JU-3F.		
	art 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	
		urn/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	oant plan
В .	This ret	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 b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
			special extension (enter description	nn)				
Pa	art II	Basic Plan Info	rmation—enter all requested informa	ation				
1a	Name	of plan				1b	Three-digit	
HOVA	AIR SYS	STEMS, INC. 401(K) R	ETIREMENT PLAN				plan number	002
						10	(PN)	002
						10	Effective date o	•
2a	Plan sr	oonsor's name and add	dress; include room or suite number (e	mplover, if for a single-	employer plan)	2h	Employer Identi	
		STEMS, INC.	arose, merado reem er canto namber (e	impleyer, il for a enigle	omployor plany			54212
						2c	Sponsor's telep	hone number
6912	SOUTH	H 220TH STREET					253-872	
	T, WA 9					2d	Business code (	see instructions)
							33990	00
3a	Plan ad	dministrator's name an	nd address 🛛 Same as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's	EIN
						30	Administrator's	talanhana numbar
						30	Administrators	telephone number
4			plan sponsor has changed since the l	ast return/report filed fo	or this plan, enter the	4b	EIN	
9		, EIN, and the plan nun or's name	nber from the last return/report.			4c	DNI	
_	•		at the beginning of the plan year				FIN	8
b			at the end of the plan year			5a		
			account balances as of the end of the p			5b		8
				• `	•	. 5c		8
6a	Were	all of the plan's assets	s during the plan year invested in eligib	le assets? (See instruc	tions.)			X Yes No
b			the annual examination and report of					Van D Na
			? (See instructions on waiver eligibility a					X Yes   No
_			ther line 6a or line 6b, the plan cann					
			or incomplete filing of this return/rep					abla a Cabadula
		, , ,	her penalties set forth in the instructions nd signed by an enrolled actuary, as we	,			O, 11	,
		rue, correct, and comp				,	,	3
CIC	N	Filed with authorized/	valid electronic signature.	06/23/2013	BETTY ROBERTS			
SIG						ماريما مار	voina on plan adv	ninintrator
010		Signature of plan a	valid electronic signature.	Date 06/23/2013	Enter name of individ	duai sig	gning as pian adr	ninistrator
SIG						طييما مذه	raina ao amalaya	r or plan ananar
Pre	parer's	Signature of employ	yer/plan sponsor ame, if applicable) and address; includ	Date e room or suite numbe	Enter name of individer (optional)			number (optional)
	pai 01 0 1	(morading milli in	and address, moral	S . Som of Sano nambo	· (optional)	' ' '	.a. 51 5 tolopilollo	(optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	32637				(2) 2		37970	1	
	Total plan liabilities	7b		-					3. 0. 0		
	Net plan assets (subtract line 7b from line 7a)	7c	32637	'1					37970	1	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	•			(h)	Total	31010	•	
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	1164	10							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4664	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							58282	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	495	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							495	2	
	Net income (loss) (subtract line 8h from line 8c)	8i							5333	0	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	3:		
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 instru	ctions:			
	V 0 " 0 "										
Part	•				.,		1				
10	During the plan year:	4:			Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					50	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-	X					0	40.4
	instructions.)			10e		X				2	484
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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)							<u>.</u> ] г	Yes	X	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction		ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
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 Day	ne date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.								
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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	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 Retirement Income Security Act of 1974 (ERISA), and section 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

2012

This Form is Open to Public --- Inspection

P	art I. An	ual Rep	ort Identification Information	cordance with the histru	cuons to the Form 550		· .
			or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	
Α	This return/rep	ort is for:	🗴 a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-part	ticipant plan
В	This return/rep	ort is:	the first return/report	the final return/report			
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C	Check box if fa	ing under:	Form 5558	automatic extension		DFVC pro	gram
			special extension (enter desci	ription)			
P	art II Bas	ic Plan	Information enter all requested	information			····
	Name of pla	1		, and the second		1b Three-digit	
	Hovair S	stems.	Inc. 401(k) Retirement Pl	an		plan number (PN) ▶	002
				<del></del>		1c Effective dat	
_		· · · · · · · · · · · · · · · · · · ·		PAPAL		05/01/20	
2a	Plan sponso Hovair S	's name ar	nd address; include room or suite numb	er (employer, if for a single	employer plan)		entification Number
	is the country and						0054212
	CO10 0					2c Sponsor's te (253) 872	
	6912 Sou	n 220tr	Street	•			de (see instructions)
US	Kent		WA 98032	• •		339900	20 (000 11100 2000110)
3а	Plan adminis	trator's nar	ne and address 🗓 Same as Plan Sp	onsor Name 🔲 Same as	Plan Sponsor Address	3b Administrato	r's EIN
					est	3c Administrato	r's telephone number
				The second secon			to the months of the control of the
						1 :	S. Same
4	If the name a	ind/or EIN ind the plai	of the plan sponsor has changed since n number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
_a	Sponsor's na	me				4c PN	
5a			ants at the beginning of the plan year			5a	8
b			ants at the end of the plan year			5b	8
С	Number of p	articipants : : item)	with account balances as of the end of	the plan year (defined ben	efit plans do not	5c	8
6a	Were all of t	e plan's as	sets during the plan year invested in e	ligible assets? (See instruc	tions.)		X Yes No
b	Are you clair	ning a waiv	er of the annual examination and repor	t of an independent qualific	ed public accountant (IQI	PA)	
			I-46? (See instructions on waiver eligib				X Yes No
<u>~</u>			to either line 6a or line 6b, the plan o	· ·			
			late or incomplete filing of this return nd other penalties set forth in the instru				
SI	3 or Schedule	√iB comple	ted and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	eport, including, if ap rt, and to the best of	oplicable, a Schedule f my knowledge and
be	lief, it is true, o	orrect, and	complete.			_1	
	IGN /	r de f	Gaet	5/21/13	R HAM	A	
E)	IERE Signati	re of plan	administrator	Date /	Enter name of individua	al signing as plan ac	fministrator
S	IGN. 19e	ThyT	Rebert	5/20/13	Betty Edby	nt	
4	ERE Signati	re of emp	loyer/plan sponsor	Date	Enter name of individua	al signing as employ	rer or plan sponsor
Pr	eparer's name	(including	firm name, if applicable) and address; i	nclude room or suite numb	er (optional)	Preparer's telepho	ne number (optional)
	•				1		
_	·				•		<b>"快速量"的</b> "大陆等"是"大陆"。

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year			
<b>a</b> Total plan assets	 )1		
b Total plan liabilities			
C         Net plan assets (subtract line 7b from line 7a)         7c         326,371         379,70	 )1		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total			
a Contributions received or receivable from: (1) Employers			
(1) Employers 8a(1) (2) Participants 8a(2) 11,640	de sus		
(3) Others (including rollovers) 8a(3)			
b Other income (loss)	Santa a ji		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	10 10		
d Benefits paid (including direct rollovers and insurance premiums			
to provide benefits) 8d			
e Certain deemed and/or corrective distributions (see instructions) 8e	Taring Man		
f Administrative service providers (salaries, fees, commissions) 8f 4,952			
G Other expenses 8g			
h Total expenses (add lines 8d, 8e, 8f, and 8g)			
	53,330		
Transfers to (from) the plan (see instructions)			
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  3D 2E 2F 2G 2J 2K			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:			
Part V Compliance Questions			
10 District			
During the plan year:  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)			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			
on line 10a.)			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	,000		
or dishonesty?			
e 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.)	101		
	,484		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i 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			
Part VI Pension Funding Compliance			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)			
11a Enter the amount from Schedule SB line 39			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	No.		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
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 granting the waiver	g		
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			

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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 12b. Enter the result (enter a minus si negative amount)	gn to the left of a	12d		
e 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?		□ Y	es 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 of the PBGC?	, or brought under the c	ontrol		Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	(s), identify the plan(s) to	0	****	
13c(1) Name of plan(s):	130	(2) EIN	(s)	13c(3) PN(s)
Part VIII Trust Information (optional)	<u></u>			
14a Name of trust		14b ⊤	rust's EIN	
			٠	