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.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) [ ] a one-participant plan

B 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 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AERO PRECISION REPAIR AND OVERHAUL CO., INC. RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
AERO PRECISION REPAIR AND OVERHAUL CO., INC.

580 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

2b Employer Identification Number (EIN) 65-0160974

2c Sponsor's telephone number 954-428-9500

2d Business code (see instructions) 811490

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.
a Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	112
b Total number of participants at the end of the plan year	**5b**	115
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

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

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 true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2014	DARREN BURGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2014	DARREN BURGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	6616854	7696843
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	6616854	7696843
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	382632	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	947582	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1330214
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	221085	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	29140	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		250225
i Net income (loss) (subtract line 8h from line 8c)	8i		1079989
j Transfers to (from) the plan (see instructions)	8j	0	

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:
1A 3H

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 During the plan year:		Yes	No	Amount
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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		25000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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	10i			

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) — [X] Yes [ ] No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 — 11a: 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? — [ ] Yes [X] 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. Month _____ Day _____ Year _____

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:

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 sign to the left of a negative amount)	**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?		☐ Yes ☒ 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 ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII Trust Information (optional)

14a Name of trust	**14b** Trust's EIN

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AERO PRECISION REPAIR AND OVERHAUL CO., INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AERO PRECISION REPAIR AND OVERHAUL CO., INC.

D Employer Identification Number (EIN)
65-0160974

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month _____ Day _____ Year _____			
2	Assets:			
	a Market value	**2a**		6616854
	b Actuarial value	**2b**		6616854
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	14	1717304
	b For terminated vested participants	**3b**	18	1201012
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		92483
	(2) Vested benefits	**3c(2)**		3261730
	(3) Total active	**3c(3)**	80	3354213
	d Total	**3d**	112	6272529
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.36 %
6	Target normal cost	**6**		319468

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 07/14/2014

LAURA S. STEWART, F.S.A., E.A.
Type or print name of actuary

14-06964
Most recent enrollment number

BRYAN,PENDLETON,SWATS & MCALLISTER
Firm name

615-665-1640
Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400
BRENTWOOD, TN 37027
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	732032	1499193
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	732032	1499193
10	Interest on line 9 using prior year's actual return of 11.20 %	81988	167910
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		148217
	b Interest on (a) using prior year's effective interest rate of 7.06 % except as otherwise provided (see instructions)		10464
	c Total available at beginning of current plan year to add to prefunding balance		158681
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	814020	1667103

Part III Funding Percentages

14	Funding target attainment percentage	14	65.93 %
15	Adjusted funding target attainment percentage	15	105.48 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2013	78158				
07/11/2013	78158				
10/10/2013	78158				
12/18/2013	148158				
			Totals ► 18(b)	382632	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	366447

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	319468
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	319468

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	319468
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	366447

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	46979
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001

Attachment to 2013 Form 5500,
Schedule SB, line 19 - Discounted Employer Contributions

Date Paid	Plan Year Applied	Employer Contributon	Effective Interest Rate	Late Interest Rate	Interest Adjusted Contribution
04/09/2013	2013	$78,158	6.36%	N/A	$76,765
07/11/2013	2013	$78,158	6.36%	N/A	$75,591
10/10/2013	2013	$78,158	6.36%	N/A	$74,434
12/18/2013	2013	$148,158	6.36%	N/A	$139,657
Total		$382,632			$366,447

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001

Attachment to 2013 Form 5500,
Schedule SB, line 22 - Description of Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)
Age	Assumed Rate of Retirement	Sample Population	Number Retiring (B) x (C)	Weighted Average Retirement Age (A) x (D)
55	2%	30,000	600	33,000
56	2%	29,400	588	32,928
57	2%	28,812	576	32,846
58	2%	28,236	565	32,753
59	5%	27,671	1,384	81,630
60	5%	26,287	1,314	78,862
61	5%	24,973	1,249	76,168
62	20%	23,724	4,745	294,183
63	5%	18,980	949	59,786
64	5%	18,031	902	57,698
65	100%	17,129	17,129	1,113,389
		Total	30,000	1,893,243
			Average	63

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001
Plan Year: 2013

Summary of Actuarial Assumptions

Interest Rates

Minimum Funding: (adjusted under MAP-21)	4.94% for the first 5 years; 6.15% for the next 15 years; and 6.76% thereafter
Maximum and PBGC: (prior to MAP-21)	1.75% for the first 5 years; 4.62% for the next 15 years; and 5.72% thereafter
ASC 960:	8.00% per year

Salary Increases

4.0% per year

	Age			
	20	35	50	60
Mortality Rates (per 1,000 lives)				
Funding and PBGC: IRS 2013 Combined Static Mortality Table				
Male	0.20	0.67	1.40	4.70
Female	0.12	0.35	1.07	4.50
ASC 960: RP 2000 Combined Mortality Table for 2013				
Male	0.27	0.72	1.69	5.47
Female	0.16	0.41	1.34	4.74
Withdrawal Rates (per 1,000 lives)				
Incidence rates – Derived from plan experience				
Male and Female	79.38	62.76	25.63	0.90

Disability Rates (per 1,000 lives)

None assumed

Recovery/Death Rate

None assumed

Rates of Retirement

Eligible participants are assumed to retire based on the following:

Age	Rate
55 – 58	2%
59 – 61	5%
62	20%
63 – 64	5%
65	100%

Commencement Dates and Forms of Payment

Retiring participants are assumed to elect an immediate life annuity.

Terminating participants are assumed to elect a life annuity commencing on their Normal Retirement Date.

Inactive participants who are entitled to future benefits are assumed to elect a life annuity on their Normal Retirement Date.

Spouses of deceased employees are assumed to elect a Life Annuity commencing on the participant's Normal Retirement Date

Percentage Married

80% of participants are assumed to be married with husbands assumed to be 3 years older than wives.

Mortality Improvement

The mortality tables for Funding purposes include mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants. Weighting factors are applied to the non-annuitant and annuitant tables to create the combined mortality table in accordance with IRS regulations.

The mortality tables for ASC 960 purposes do not include assumed mortality improvement beyond the assumptions already reflected in the mortality tables as published and documented above.

Social Security National Average Wages

National Average Wages are assumed to remain at their current levels.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Expenses

None assumed.

Summary of Actuarial Methods

Actuarial Cost Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant proposed regulations. This method is prescribed for funding, PBGC, and ASC 960 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

The actuarial value of assets is equal to the market value of assets as of the valuation date.

Miscellaneous

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001
Plan Year: 2013

Summary of Plan Provisions

Covered Employees

A non-union (salaried or hourly) employee is eligible to participate on the first of the month coincident with or next following employment; provided that he or she has completed or is expected to complete 1,000 or more hours of service in the first 12-month consecutive period beginning with the employment date or reemployment date.

Definitions

Participation Service:	A year of service means the completion of at least 1,000 hours in a plan year. An employee who is credited with 1,000 hours of service in both the first 12-month period immediately following his employment date or reemployment date, as the case may be, and the first plan year following such employment date or reemployment date, will be credited with two years of service for purposes of eligibility to participate and determining whether credit for prior service shall be given following a break-in service.
Vesting Service:	A year of service means the completion of at least 1,000 hours in a plan year.
Credited Service:	Credited Service (in whole years and full months) as of December 31, 2001 plus service accrual after December 31, 2001. Effective January 1, 2002, a year of service means the completion of at least 1,000 hours in a plan year.
Normal Retirement Date:	Age 65, or if later, the fifth anniversary of the participant's participation commencement date.
Early Retirement Date:	Any Participant who has attained 5 years of service and age 55 may elect early retirement on the first day of any calendar month coinciding with or next following the termination of Service.
Average Monthly Compensation:	Monthly average of the participant's highest 60 consecutive months of compensation within the last 120 months.
Covered Compensation:	The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains or will attain Social Security retirement age.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	A monthly benefit for life, commencing at normal retirement equal to: 1.05% of the participant's monthly final average earnings multiplied by his number of years of credited service at retirement; plus 0.65% of the participant's monthly final average earnings in excess of covered compensation multiplied by his number of years of credited service at retirement. Credited service is limited to 30 years.
Accrued Benefit:	The Participant's Accrued Benefit at any given date is the Normal Retirement Benefit, based on the formulas above, using Credited Service, Average Compensation, and the Covered Compensation determined as of the given date.
Termination Benefit:	A Participant who has at least 5 years of Vesting Service or has attained normal retirement age has a 100% non-forfeitable right to his or her Accrued Benefit.
Early Retirement Benefit:	Accrued benefit is reduced by 6% for every year the early retirement date precedes the normal retirement benefit.
Disability Benefits:	If a participant becomes totally and permanently disabled prior to retirement or separation of service, he shall be eligible to receive an immediate monthly benefit if he has completed 5 years of Vesting Service. The amount of the benefit shall be the Accrued Benefit reduced at the same rate as the early retirement benefit.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were both married for at least one year and he is more than 0% vested in his Accrued Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 50%, 66 2/3%, 75% or 100% continued to the beneficiary; Life Annuity with 60, 120, or 180 monthly payments guaranteed; Lump Sum less than $15,000.

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan

EIN: 65-0160974
PN: 001
Plan Year: 2013

Distribution of Active Participants

	Years of Credited Service										
Attained Age	**Under 1**	**1 – 4**	**5 – 9**	**10 – 14**	**15 – 19**	**20 – 24**	**25 – 29**	**30 – 34**	**35 – 39**	**Over 39**	**Total**
Under 25	1										**1**
25 – 29	1	6	1								**8**
30 – 34	1	3	2								**6**
35 – 39		1	3								**4**
40 – 44	1	2	5	1	2	2					**13**
45 – 49	1	3	2	3	2	1					**12**
50 – 54	1	2	6	4	1	2	1				**17**
55 – 59		1	3			3					**7**
60 – 64				2		3	1				**6**
65 – 69				2		3					**5**
Over 69						1					**1**
Total	**6**	**18**	**22**	**12**	**5**	**15**	**2**				**80**

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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OMB No. 1210-0110

2013

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▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Aero Precision Repair and Overhaul Co., Inc. Retirement Income Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

AERO PRECISION REPAIR AND OVERHAUL CO., INC.

D Employer Identification Number (EIN)

65-0160974

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2	Assets:			
	a Market value		2a	6,616,854
	b Actuarial value		2b	6,616,854
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	14	1,717,304
	b For terminated vested participants	3b	18	1,201,012
	c For active participants:			
	(1) Non-vested benefits	3c(1)		92,483
	(2) Vested benefits	3c(2)		3,261,730
	(3) Total active	3c(3)	80	3,354,213
	d Total	3d	112	6,272,529
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	6.36 %
6	Target normal cost		6	319,468

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

07/14/2014
Date

Laura S. Stewart, F.S.A., E.A.
Type or print name of actuary

14-06964
Most recent enrollment number

Bryan, Pendleton, Swats & McAllister
Firm name

(615) 665-1640
Telephone number (including area code)

5301 Virginia Way, Suite 400

Brentwood TN 37027
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	732,032	1,499,193
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	732,032	1,499,193
10	Interest on line 9 using prior year's actual return of 11.20 %	81,988	167,910
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		148,217
	b Interest on (a) using prior year's effective interest rate of 7.06 % except as otherwise provided (see instructions)		10,464
	c Total available at beginning of current plan year to add to prefunding balance		158,681
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	814,020	1,667,103

Part III Funding Percentages

14	Funding target attainment percentage	14	65.93 %
15	Adjusted funding target attainment percentage	15	105.48 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2013	78,158				
07/11/2013	78,158				
10/10/2013	78,158				
12/18/2013	148,158				
			Totals ▶ 18(b)	382,632	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	366,447
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		[X] Yes [ ] No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		[X] Yes [ ] No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	319,468
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ___ Day ___ Year ___) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	319,468

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	319,468
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	366,447
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	46,979
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	