## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	-SF.
Part I		dentification Information			
For calend	ar plan year 2013 or fise	cal plan year beginning 01/01/2013		and ending 12	2/31/2013
	turn/report is for:			an (not multiemployer)	a one-participant plan
<b>B</b> This re	turn/report is:	the first return/report	ne final return/report		
		an amended return/report a	short plan year returr	n/report (less than 12 mo	nths)
C Check	box if filing under:	님	utomatic extension		DFVC program
	<u> </u>	special extension (enter description)			
Part II		rmation—enter all requested informati	on	1	41 =
1a Name		ETIDEMENT DI ANI			<b>1b</b> Three-digit plan number
HUVAIK ST	STEMS, INC. 401(K) R	ETREWENT PLAN			(PN) • 002
					1c Effective date of plan
					05/01/2002
	ponsor's name and add STEMS, INC.	dress; include room or suite number (em	ployer, if for a single-	employer plan)	<b>2b</b> Employer Identification Number (EIN) 77-0054212
6912 SOLIT	H 220TH STREET				2c Sponsor's telephone number 253-872-0405
KENT, WAS					<b>2d</b> Business code (see instructions) 339900
<b>3a</b> Plan a	dministrator's name and	d address XSame as Plan Sponsor Nai	me Same as Plan	Sponsor Address	<b>3b</b> Administrator's EIN
			Ш	·	
					<b>3c</b> Administrator's telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN
		nber from the last return/report.			
<b>a</b> Spons	or's name				4c PN
<b>5a</b> Total	number of participants a	at the beginning of the plan year			<b>5a</b>
<b>b</b> Total	number of participants a	at the end of the plan year			5b 8
		account balances as of the end of the pla		-	<b>5c</b> 8
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	tions.)	X Yes No
		the annual examination and report of an			
		(See instructions on waiver eligibility an			
-		ther line 6a or line 6b, the plan cannot			
C If the	plan is a defined benefit	t plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?	Yes No Not determined
Caution: A	A penalty for the late o	or incomplete filing of this return/repo	rt will be assessed u	unless reasonable caus	se is established.
SB or Sche		ner penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.			
SIGN	Filed with authorized/v	valid electronic signature.			
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	al signing as plan administrator
SIGN					
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
Preparer's		ame, if applicable) and address; include			Preparer's telephone number (optional)
	, <b>0</b>	, , , , , , , , , , , , , , , , , ,		, ,	
				-	

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor			
	Total plan assets	7a	` '	379701			(b) End of Year 450831				
	Total plan liabilities	7b							-		
	Net plan assets (subtract line 7b from line 7a)	76 7c	37970	)1			450831				
8	Income, Expenses, and Transfers for this Plan Year	70		•			/b\ Ta		-		
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	989	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	7692	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						868	312		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1000	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	568	2							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15	682		_
ī	Net income (loss) (subtract line 8h from line 8c)	8i						71	130		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	oj .									_
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
										—	
Par	•						I				
10	During the plan year:			1	Yes	No	,	lmour	ıt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		X					
C	Was the plan covered by a fidelity bond?			10c	X				į	500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	of the ben	efits under the plan? (See		X					00	74
	instructions.)			10e		Χ				28	71
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	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)							Пү	es [		No
114								<u> </u>	<u> </u>		
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding			e or se	cuon	3U∠ Of	EKISA!	Ц Т	<del>.</del> .	^	NO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	enter th	l ne date of th	a letter	rulin		
	granting the waiver.		Mon	ıth	, այս (	Day		ear_	ruiii	.a	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
						12b	-				

Page	3 -	1
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С	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 PBGC?	e control		Yes	X 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) E	IN(s)	13c(3) F	PN(s)	
Part	VIII Trust Information (optional)					
	Name of trust 'AIR SYSTEMS, INC. 401(K) RETIREM		rust's EIN 770054212			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

2013

This Form is Open to Public Inspection

Part Annual Report Identification Information	ando man mone	ottono to the Form cool	J OF T				
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013				
		lan (not multiemployer)					
	the final return/report	, , , , ,	a one paradpant plan				
	•	rn/report (less than 12 m	antha)				
		inneport (less than 12 in	<u>-</u>				
H	automatic extension		DFVC progr	ram			
special extension (enter description			·				
Part II Basic Plan Information enter all requested inform	nation		41 =	·			
1a Name of plan			1b Three-digit				
Hovair Systems, Inc. 401(k) Retirement Plan			(PN) ►	002			
			1c Effective date				
2a Plan sponsor's name and address; include room or suite number (e	mnlover if for a singl	- employer plan)	05/01/2003				
Hovair Systems, Inc.	imployer, ir for a singr	e-employer plan)	2b Employer Ider (EIN) 77-00				
			2c Sponsor's tele				
6912 South 220th Street			(253) 872-				
oriz boddi zzodi bilege			2d Business code	(see instructions)			
US Kent WA 98032			339900				
3a Plan administrator's name and address X Same as Plan Sponsor	Name  Same as	Plan Sponsor Address	3b Administrator's	s EIN			
			3c Administrator's	s telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report.	20t rotarrir oport illed	ioi tilis piari, eriter tile	TO LIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year			5a	8			
b Total number of participants at the end of the plan year			5b	8			
C Number of participants with account balances as of the end of the p complete this item)	lan year (defined ben	efit plans do not	5c	8			
6a Were all of the plan's assets during the plan year invested in eligible			30	X Yes No			
<b>b</b> Are you claiming a waiver of the annual examination and report of a			PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			•	X Yes No			
If you answered "No" to either line 6a or line 6b, the plan canno	t 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 in	surance program (se	ERISA section 4021)?	Yes \( \sim \)	lo 🔲 Not determined			
Caution: A penalty for the late or incomplete filing of this return/rep	ort will be assesse	i unless reasonable car	use is established.				
Under penalties of perjury and other penalties set forth in the instruction	s, I declare that I hav	e examined this return/re	port, including, if app	licable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.	ell as the electronic v	ersion of this return/repor	t, and to the best of r	ny knowledge and			
	1 1 05	V 11.					
SIGNI ( - VOZ ALEIL )	July 90	Gus Har	<del></del>				
HERE Signature of plan administrator	Date	Enter name of individua	i /	ninistrator			
SIGN / Deld / Cibros	7/9/19	Betty Ko	berts	<del>,</del>			
HERE Signature of employer/plan sponsor	Date	Enter name of individua	Il signing as employe	r or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include	e room or suite numb	er (optional)	Preparer's telephone	e number (optional)			
			The state of				
			r di serio di terreta di di				

Par	Financial Information							<del></del>	_	
	Plan Assets and Liabilities	20 V T V	(a) Beginning of Year	Beginning of Year			(b) End of Year			
a 1	otal plan assets	7a	379,701					450,831		
<b>b</b> 1	otal plan liabilities	7b							_	
C N	Net plan assets (subtract line 7b from line 7a)	7c	379,701			450,831				
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			tal	_			
	Contributions received or receivable from:	0-(4)								
	1) Employers	8a(1) 8a(2)	9,8	20						
	3) Others (including rollovers)	8a(3)	3,0.	-						
	Other income (loss)	8b	76,92	22						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				86,812				
d E	Benefits paid (including direct rollovers and insurance premiums			e Karan				80,812	303	
	provide benefits)	8d	10,0	00		en e				
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
_	Other expenses	8g	5,68	- Anne Caller	200		Area A			
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						15,682	_	
	let income (loss) (subtract line 8h from line 8c)	8i		e Charles				71,130		
1/2000 115/15	ransfers to (from) the plan (see instructions)	8j			2 %					
	Plan Characteristics								_	
9a n	fthe plan provides pension benefits, enter the applicable pension for 3D 2E 2F 2G 2J 2K	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	the instruction	ons:		
+									_	
b H	the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructior	is:		
i de la constant	tV Compliance Questions							·	<u> </u>	
10	During the plan year:				V		1 .		_	
<u></u>	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in		Yes	No	<i>P</i>	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		x				
C	Was the plan covered by a fidelity bond?		***************************************	10c	х			50,00	0	
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			_	
е	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,						_	
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	4.	х			0.07		
			***************************************	10e				2,87	_	
	Has the plan failed to provide any benefit when due under the plan		***************************************	10f		X			_	
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х			escari.	
h 	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instru	ctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						
Part	100 - V 100 -								27.5	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and comp	olete	Sched	lule SI	B (Form	Yes X No	_	
11a	Enter the unpaid minimum required contribution for current year for							LI TES EL NO		
12	Is this a defined contribution plan subject to the minimum funding					11a   02 of 1	EDISAS	Yes X No	_	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			JI 356	A1011 31	JZ 01	LINOA(m	I IES EL NO	_	
_a	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruct	lions,	and e	nter th	ne date of th	e letter ruling		
	granting the waiver									
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedule		· · · · · · · · · · · · · · · · · · ·		<del> </del>				_	
<u>b</u>	Enter the minimum required contribution for this plan year		***************************************			12b				

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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 sign to the left of a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [	□ No □ N/A
Pari	Plan Terminations and Transfers of Assets			
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	□ Y	es X N	lo
	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) twhich assets or liabilities were transferred. (See instructions.)	0		
	3c(1) Name of plan(s): 13d	(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊺	rust's EIN	l
i	dovair Systems, Inc. 401(k) Retirem		77-005	4212