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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list **A** This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit AEROSPACE DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1995 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number AEROSPACE DISTRIBUTORS, INC. (EIN) 91-1632399 Sponsor's telephone number 253-661-9600 34110 9TH AVE. S. FEDERAL WAY, WA 98003-6710 Business code (see instructions) 424990 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 91-1632399 AEROSPACE DISTRIBUTORS, INC. 34110 9TH AVE. S FEDERAL WAY, WA 98003-6710 **3c** Administrator's telephone number 253-661-9600 4b EIN 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 4c PN Total number of participants at the beginning of the plan year 5a 30 **b** Total number of participants at the end of the plan year..... 5b 35 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 23 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 29 d(2) Total number of active participants at the end of the plan year..... 5d(2) 27 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature 03/30/2015 ROBERT LITTLETON **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	nnt (IC d d use	PA) Form	5500.		X Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	ı	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End o		
	Total plan assets	7a	23350					2113	238 0
	Total plan liabilities	7b	23346	119				2113	
	Net plan assets (subtract line 7b from line 7a)	7c		J42			(L) T		200
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai	
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)	673	329					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1086	525	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						175	954
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3835	523					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	138	335					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						397	358
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-221	404
j_	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension								
b		eature cod	les from the List of Plan Chara	cterist			he instruction	ons:	
10	During the plan year:			I	Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	ıciary Cor	rection Program)	10a		X			
	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				250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X				6696
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	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)							Yes	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Yes	s 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.	-			, and e	enter th Day		e letter r Year	uling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

2014

This Form is Open to Public Inspection

For calenda	r plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/2	014
A This retu	urn/report is for:	a single-employer plan	of participating employ	lan (not multiemployer) (yer information in accord		
B This retu	rn/report is	a one-participant plan the first return/report	a foreign plan the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check b	ox if filing under:	Form 5558 special extension (enter desc	automatic extension		∐ DFVC pro	gram
Part II	Racic Plan Info	ormation—enter all requested in	formation			
1a Name o		official enter all requested in	rormation		1b Three-digit	
		ORS, INC. 401(K) PROF	TIT SHARING PLAN		plan number (PN) ▶	
					1c Effective dat 01/01/19	
	onsor's name and ac ce Distribut	ddress; include room or suite numb ors, Inc.	er (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 91-1	entification Number 632399
34110 9	th Ave. S.				2c Sponsor's te 253-661-	STEEDING ST.
Federal	Way	WA 98003-671	.0		2d Business coo 424990	de (see instructions)
3a Plan ad	ministrator's name a	nd address Same as Plan Spon	sor.		3b Administrato	
AEROSPA	CE DISTRIBUT	ORS, INC.			91-16323	r's telephone number
34110 9	TH AVE. S.				253 - 661-	9600
FEDERAL		WA 98003-6710				
	EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	
		at the beginning of the plan year		SA SA	5a	30
		s at the end of the plan year			5b	35
C Numbe	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	23
		articipants at the beginning of the p			5d(1)	29
d(2) Tota	I number of active pa	articipants at the end of the plan ye	ar		5d(2)	29
		erminated employment during the p		efits that were	5e	0
		or incomplete filing of this return				
SB or Sched	ities of perjury and of dule MB completed a rue, correct, and com	ther penalties set forth in the instruind signed by an enrolled actuary, and the	ctions, I declare that I have as well as the electronic ver	examined this return/report,	oort, including, if ap , and to the best of	plicable, a Schedule my knowledge and
SIGN HERE	Kobet B	hatet	3.25.15	ROBERT LITTLET		
	Signature of plan a	administrator	Date	Enter name of individu	ual signing as plan	administrator
SIGN	Signature of emple		Date	Enter name of individu	ual signing as empl	oyer or plan sponsor
Preparer's r	name (including firm	name, if applicable) and address (in	nclude room or suite numbe	r) (optional)		one number (optional)
					25	
						1 1 1 1 1 TO 10 E

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b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition of use Form	lent qualified public accounta ns.) n 5500-SF and must instea	nt (IQ d use	PA)	5500.	X Yes No
Pai	t III Financial Information	,					
7	Plan Assets and Liabilities	20 112	(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	23	3506	1		2113238
b	Total plan liabilities	7b		41	.9		30
C	Net plan assets (subtract line 7b from line 7a)	7c	23	3464	2		2113238
	Income, Expenses, and Transfers for this Plan Year	3/456	(a) Amount				(b) Total
a 	Contributions received or receivable from: (1) Employers	8a(1)			0		
	(2) Participants	8a(2)		6732	9		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b	1	0862	25	IILIA	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		FUST			175954
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	8352	3	- 1	
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		1383	5	The second	
g	Other expenses	8g			0	THE S	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Same a state of	9-15			397358
	Net income (loss) (subtract line 8h from line 8c)	18					-221404
j	Transfers to (from) the plan (see instructions)	81			3		
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $3D\ 2E\ 2F\ 2H\ 2J\ 2K\ 2T$	feature code	es from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist	ic Cod	es in tl	he instructions:
Part	V Compliance Questions						
10	During the plan year:				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	tions within	the time period described in	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e	Х		6696
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
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	he required i	notice or one of the	10i			
Part	The state of the s						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	lule SB	3 (Form ☐ Yes ☐ No
11a	Enter the unpaid minimum required contribution for current year for					44.	

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b En	er the minimum required contribution for this plan year	12b		
C En	er the amount contributed by the employer to the plan for this plan year	12c		
	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gative amount)	12d		
e Wi	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 Ha	s a resolution to terminate the plan been adopted in any plan year?		Yes X N	0
lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c he PBGC?			Yes X No
C If o	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) tich assets or liabilities were transferred. (See instructions.)	0		
13c(I) Name of plan(s):	c(2) E	IN(s)	13c(3) PN(s)
Part VI	Trust Information (optional)			
14a Nan	e of trust	14b ⊤	rust's EIN	