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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Parti		identification information							
For calend	lar plan year 2014 or f	iscal plan year beginning 01/01/2014		and ending 12	/31/2014				
A This re	eturn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan						
_		a one-participant plan							
B This ret	urn/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:		DFVC program						
		special extension (enter description	on)						
Part II	Basic Plan Info	ormation—enter all requested inform	ation		1 -				
1a Name CONNECT-	•	L, INC. CASH OR DEFERRED PROFIT	SHARING PLAN		1b Three-digit plan number (PN) ▶	001			
			1c Effective date of plan						
	sponsor's name and ac AIR INTERNATIONAL	ddress; include room or suite number (e, INC.	mployer, if for a single	-employer plan)	(=)	020751			
4240 B ST. N	N.W.				2c Sponsor's tele	phone number 13-5599			
AUBURN, W	/A 98001				2d Business code (see instructions) 334110				
3a Plan a	administrator's name a	ind address Same as Plan Sponsor.			3b Administrator's	EIN			
					3c Administrator's	s telephone number			
					7 Administrator	telephone number			
		ne plan sponsor has changed since the l	last return/report filed fo	or this plan, enter the	4b EIN				
name		ne plan sponsor has changed since the lamber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN 4c PN				
name a Spons	e, EIN, and the plan nu sor's name		· 	·	4c PN	30			
a Spons 5a Total	e, EIN, and the plan nu sor's name number of participants	Imber from the last return/report.			4c PN 5a				
name a Spons 5a Total b Total	e, EIN, and the plan nu sor's name number of participants number of participants	ımber from the last return/report.			4c PN 5a 5b	32			
name a Spons 5a Total b Total c Numb	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with lete this item)	s at the beginning of the plan years at the end of the plan yearaccount balances as of the end of the plan year	plan year (defined bene	efit plans do not	4c PN 5a 5b 5c				
name a Spons 5a Total b Total c Numb compl d(1) Total	e, EIN, and the plan number of participants number of participants number of participants with lete this item)	s at the beginning of the plan years at the end of the plan year	plan year (defined bene ear	efit plans do not	4c PN 5a 5b 5c 5d(1)	32			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	s at the beginning of the plan years at the end of the plan year	olan year (defined bene ear	efit plans do not	4c PN 5a 5b 5c	32 24			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	s at the beginning of the plan years at the end of the plan year	plan year (defined bene earyear with accrued bene	efit plans do not	4c PN 5a 5b 5c 5d(1)	32 24 33			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	anther from the last return/report. Is at the beginning of the plan year Is at the end of the plan year account balances as of the end of the plan year of the plan year Is at the end of the plan year	plan year (defined bene ear year with accrued bene	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	32 24 33 29			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less th Caution: A Under pen SB or School	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	plan year (defined bene ear	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appl	32 24 33 29 0 icable, a Schedule			
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name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	and sat the beginning of the plan year	plan year (defined bene- ear	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m	32 24 33 29 0 icable, a Schedule y knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	and sat the beginning of the plan year	year with accrued beneficially be assessed s, I declare that I have all as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/report sion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m	32 24 33 29 0 icable, a Schedule y knowledge and			
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name a Spons 5a Total b Total c Number complete (a) Total d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	year with accrued beneficially	efit plans do not efits that were unless reasonable cau examined this return/report scion of this return/report SEAN MCCARTHY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applit, and to the best of m ual signing as plan actual signing as employ	32 24 33 29 0 icable, a Schedule by knowledge and			
name a Spons 5a Total b Total c Number complete (1) Total d(1) Total d(2) Total e Number less the caution: A Under pen SB or Schebelief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	year with accrued beneficially	efit plans do not efits that were unless reasonable cau examined this return/report scion of this return/report SEAN MCCARTHY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applit, and to the best of m ual signing as plan actual signing as employ	32 24 33 29 0 icable, a Schedule by knowledge and			
name a Spons 5a Total b Total c Number complete (1) Total d(1) Total d(2) Total e Number less the caution: A Under pen SB or Schebelief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	year with accrued beneficially	efit plans do not efits that were unless reasonable cau examined this return/report scion of this return/report SEAN MCCARTHY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applit, and to the best of m ual signing as plan actual signing as employ	32 24 33 29 0 icable, a Schedule by knowledge and			
name a Spons 5a Total b Total c Number complete (a) Total d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	year with accrued beneficially	efit plans do not efits that were unless reasonable cau examined this return/report scion of this return/report SEAN MCCARTHY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applit, and to the best of m ual signing as plan actual signing as employ	32 24 33 29 0 icable, a Schedule by knowledge and			

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b	Were all of the plan's assets during the plan year invested in eligible 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 lift you answered "No" to either line 6a or line 6b, the plan cannot be a contraction of the contracti	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	
	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 determined
Par	t III Financial Information		1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
a	Total plan assets	7a	15091	18			1746781
<u>b</u>	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	15091	18			1746781
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	503	892			
	2) Participants	8a(2)	1077				
		8a(3)					
	3) Others (including rollovers)	8b	825	590			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)		323				240689
	Benefits paid (including direct rollovers and insurance premiums	8c					240009
	o provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e	13	867			
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	16	559			
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					3026
	Net income (loss) (subtract line 8h from line 8c)	8i					237663
	Fransfers to (from) the plan (see instructions)	8j					
Par	IV Plan Characteristics	٥					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	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		150000
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 instructions.)	of the ber	efits under the plan? (See	10e		X	
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 as	s of year	end.)	10g	X		2454
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction 3	302 of	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 bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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lf :	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			
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?	X	Yes N	10	
	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
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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

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 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

2014

This Form is Open to Public Inspection

Part I		t Identification Informa	ıtion					
For calend	ar plan year 2014 or		01/01/2014	and ending	12/31/2014	· · · · · · · · · · · · · · · · · · ·		
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer loyer information in acco				
		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/repo	t				
		months)						
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter	description)					
Part II	Basic Plan Inf	ormation—enter all reques	ted information					
1a Name					1b Three-digit			
CONNECT-	-AIR INTERNATIONA	AL, INC. CASH OR DEFERRE	D PROFIT SHARING PLAN		plan numb	er 001		
					(PN)			
					1c Effective di 10/01/199			
	ponsor's name and a AIR INTERNATIONA	ddress; include room or suite L, INC.	number (employer, if for a sing	le-employer plan)	2b Employer I (EIN) 91-10	dentification Number 020751		
						telephone number 253) 813-5599		
4240 B ST.	N.W.				2d Business c	ode (see instructions)		
AUBURN. V		and address X Same as Plan	Spanner		334110 3b Administrator's EIN			
Ja Flail a	iummistrator s manie a	and address Koame as Plan	Sporisor.		3D Administrati	OF S EIN		
					3c Administrat	tor's telephone number		
4 If the	name and/or EIN of the	he plan sponsor has changed	since the last return/report file	for this plan, enter the	4b EIN			
name	e, EIN, and the plan n	umber from the last return/repo		•				
	or's name	to at the heatinging of the plant			4c PN			
		is at the beginning of the plan				30		
		is at the end of the plan year			5b	32		
compi	lete this item)	n account balances as of the e		······	5c	24		
		articipants at the beginning of	•		5d(1)	33		
		participants at the end of the pl			5d(2)	29		
	er of participants that nan 100% vested	terminated employment during	g the plan year with accrued b		5e	0		
Caution:	A penalty for the late	or incomplete filing of this	return/report will be assess	d uniess reasonable c	ause is establishe	d.		
SB or Sch		other penalties set forth in the and signed by an enrolled actuments						
SIGN	Lan M	1 CA T	152110	15 × 1 Sean M	(Costla			
HERE	7 / / //	100		· · · · · · · · · · · · · · · · · · ·				
	Signature of plan	administrator	Date	Enter name of indiv	idual signing as pla	n administrator		
SIGN								
		loyer/plan sponsor	Date	Enter name of indiv		ployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and addre	ess (include room or suite nun	iber) (optional)	Preparer's telep	hone number (optional)		

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets? (S	See instructions.)					× ,	Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independend	ent qualified public accounta ns.)	nt (IQ	PA)			\square	res No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Form	5500-SF and must instead	d use	Form	5500.	••••••		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)?	[Yes	∏No [Not de	etermined
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	\top		(b) End	of Yea	•
a	Total plan assets	. 7a	150911				(5) 2.110	1746	
	Total plan liabilities	i i		-	┪				
	Net plan assets (subtract line 7b from line 7a)	† 	1509118	3				1746	781
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top	· · · · ·	(b)	Total	
a	Contributions received or receivable from:		(4)				MW-DA# 7 I	11200-10	
	(1) Employers	. 8a(1)	50392	2		-0.7			
	(2) Participants	. 8a(2)	10770	7					
	(3) Others (including rollovers)					WATE		44.4	
<u> </u>	Other income (loss)	. 8b	8259)	1000	e sue			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			100		,	240	689
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e	1367	7			_		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			50				flassi,
g	Other expenses	. 8g	1659	9	- 123	1			计是位置 的
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	, du asset ya Yefiyasi, Filik Amii		(4.0)			3	3026
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						237	7663
j	Transfers to (from) the plan (see instructions)	. 8j							
Par	t IV Plan Characteristics								
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	· · · · · · · · · · · · · · · · · · ·							
10	During the plan year:				Yes	No	Γ	A	
	Was there a failure to transmit to the plan any participant contribu	itions within t	he time period described in		163	140	l	Amou	nt
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	, that was caused by fraud	10d		×		,	
е	Were any fees or commissions paid to any brokers, agents, or other	her persons l	by an insurance carrier,				_		
	insurance service, or other organization that provides some or all	of the benefi	its under the plan? (See	40-		l x			
	instructions.)			10e					
	Has the plan failed to provide any benefit when due under the pla			10f		X			
<u>.</u>	, , , , , , , , , , , , , , , , , , , ,	•		10g	Х	<u> </u>			2454
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		Mic ji Se ji	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required r	notice or one of the	46.					
Part		11-3		10i		<u> </u>			7 13 34 6
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	s," see instructions and com	plete	Sched	dule SE	3 (Form	П	Yes ∏ No
_11a	Enter the unpaid minimum required contribution for current year fi					11a		• <u>Ind</u>	<u>, II</u>
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Π,	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	-						<u> </u>	<u> </u>
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortized	in this plan year, see instruc	ctions th	, and e	enter the		the lette	er ruling

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	ule MB (Form 5500), and	ski	ip to li	ne 13.	-		
	Enter the minimum required contribution for this plan year					12b		
							`	
c	Enter the amount contributed by the employer to the plan for this	s plan year				12c		
d 	Subtract the amount in line 12c from the amount in line 12b. Entrengative amount)	er the result (enter a minu	us si	gn to t	he left of a	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by						Yes	No N/A
Part							<u> </u>	
_13a	Has a resolution to terminate the plan been adopted in any plan year	?				X	res No	
	If "Yes," enter the amount of any plan assets that reverted to the					13a		0
b	Were all the plan assets distributed to participants or beneficiarie of the PBGC?	es, transferred to another	plan	n, or br	ought under the	control		Yes X No
	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another	plan	(s), ide	entify the plan(s)	to	-	
	3c(1) Name of plan(s):				1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						 	
					14h Tr	ust's EIN		
						1-TW 11	uoto LIIV	
					1			