## 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

Part I		t identification information							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 12/	31/2014	_			
A This re	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 one-participant plan	a foreign plan						
<b>B</b> This ret	turn/report is	the first return/report	the final return/report						
	•	onths)							
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC p	rogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name	of plan				<b>1b</b> Three-digi	t			
HOVAIR SY	YSTEMS, INC. 401(K)	) RETIREMENT PLAN			plan numb				
					(PN) • 1c Effective d	lote of plan			
						05/01/2002			
<b>2a</b> Plan s	sponsor's name and a STEMS, INC.	ddress; include room or suite numb	per (employer, if for a sin	gle-employer plan)		dentification Number 77-0054212			
	o :o, : o :				(=)				
6912 SOUTI	H 220TH STREET					telephone number 53-872-0405			
KENT, WA 9					2d Business of	code (see instructions)			
20.00		<u>V</u> o			339900				
<b>3a</b> Plan a	administrator's name a	and address  X  Same as Plan Spor	nsor.		<b>3b</b> Administrator's EIN				
					3c Administra	tor's telephone number			
		he plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	<b>4b</b> EIN				
	sor's name	umber nom the last return/report.			4c PN				
<b>5a</b> Total	number of participant	ts at the beginning of the plan year			5a	3			
<b>b</b> Total	number of participant	ts at the end of the plan year			5b	3			
		n account balances as of the end o	the plan year (defined b	-	5c				
	,	articipants at the beginning of the p			5d(1)				
<b>d(2)</b> To	tal number of active p	participants at the end of the plan ye	ear		5d(2)				
		terminated employment during the	. ,		5e	(			
		e or incomplete filing of this retu			se is establishe				
		other penalties set forth in the instru							
	edule MB completed true, correct, and cor	and signed by an enrolled actuary, nplete.	as well as the electronic	version of this return/report	, and to the best	of my knowledge and			
SIGN	Filed with authorized	d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator			
SIGN									
HERE		loyer/plan sponsor	Date			ployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (	nclude room or suite nur	mber ) (optional)	Preparer's telep	hone number (optional)			

	Form 5500-SF 2014		Page <b>2</b>						
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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accountations.)	int (IQ	PA)			Yes N	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	□No □ No	ot determined	I
Par	t III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year	
<u>a</u>	Total plan assets	7a	4508	331				475937	
	Total plan liabilities	7b	4500	204				475007	
	Net plan assets (subtract line 7b from line 7a)	7c	4508	331				475937	_
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Tota	l <u> </u>	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	101	140					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	212	293					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31433	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	63	327					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6327	
	Net income (loss) (subtract line 8h from line 8c)	8i						25106	_
j	Transfers to (from) the plan (see instructions)	8j							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions	): 	
10	During the plan year:				Yes	No	An	nount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	X			5000	)0
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X			
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 ben	efits under the plan? (See	10e	X			325	53
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 e	nd.)	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							<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······································		· 	<u>.</u>			Yes X N	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>	<b>7</b> 🖂	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Yes X N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	otions	004	ntor ti	o data of the	ottor rulis s	
d	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter tr Day		etter ruling ar	

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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	Enter the minimum required contribution for this plan year	12	2b				
С	Enter the amount contributed by the employer to the plan for this plan year	12	≥c				
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)	12	≧d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	1	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	T [	Y	res X	10		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	cont	rol	Yes X			No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to					
	13c(1) Name of plan(s):	13c(2	2) EI	N(s)	13c	<b>(3)</b> PN	l(s)
Part	VIII Trust Information (antional)						
Part	VIII Trust Information (optional)						

**14a** Name of trust HOVAIR SYSTEMS, INC. 401(K) RETIREM

**14b** Trust's EIN 770054212

## 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

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► 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   Annual Repo	rt Identification Information	1	****		•				
	r calendar plan year 2014 or			01/01/2014	and ending	12/31/201	4			
_	This return/report is for:	x a single-employer plan		a multiple-employer	olan (not multiemployer)	) (Filers checking this box must attach a list rdance with the form instructions)				
В	This return/report is:	the first return/report	H	the final return/report		•				
_		an amended return/report	片							
		an amended return/report	Ш	a short plan year reti	ırn/report (less than 12 ı	montns)				
С	Check box if filing under:	Form 5558		automatic extension		☐ DFVC pr	ogram			
	_	special extension (enter des	ىب criptic	on)						
6	art III Basic Plan In		·			·····				
_	Name of plan	formation enter all requester	ı ıntoi	rmation		1b Three-digit				
	·	Inc. 401(k) Retirement P	lan			plan numbe (PN) ▶	002			
						1c Effective da 05/01/20				
2a	Plan sponsor's name and	address; include room or suite num	ber (	employer, if for a sing	e-employer plan)	<b>2b</b> Employer lo	lentification Number			
	Hovair Systems, I	.ne.				(EIN) 77-	-0054212			
	6912 South 220th Stree	at				2c Sponsor's t (253) 87	elephone number 72-0405			
	US Kent WA 98032					2d Business co 339900	ode (see instructions)			
3a		and address X Same as Plan S	oonsc	or Name		3b Administrat	or's EIN			
		<del></del>								
						3c Administrat	or's telephone number			
						JC Administrat	or s relephone number			
		·								
				·						
4	If the name and/or EIN of name, EIN, and the plan i	the plan sponsor has changed sinc number from the last return/report.	e the	last return/report filed	for this plan, enter the	4b EIN				
a	Sponsor's name					4c PN				
5a	Total number of participar	nts at the beginning of the plan year				5a	8			
b		nts at the end of the plan year				5b	8			
C	Number of participants wi	th account balances as of the end o	fthe	plan year (defined ber	efit plans do not	5c	8			
d	(1) Total number of active p	participants at the beginning of the p	lan y	ear	***************************************	5d(1)	8			
d	(2) Total number of active t	participants at the end of the plan ye	ar			5d(2)	7			
	· ·	at terminated employment during the				3u(z)				
е	less than 100% vested				······································	5e	0 ;			
Cá	aution: A penalty for the la	te or incomplete filing of this retu	ırn/re	port will be assesse	d unless reasonable c	ausa is astablisha				
Ur SE	nder penalties of perjury and	d other penalties set forth in the insti d and signed by an enrolled actuary	ructio	ns, I declare that I hav	e examined this return/r	eport, including, if a	pplicable, a Schedule			
	IGN Setty	leho	-	6/29/11	Betty 1	Re berts	<del></del>			
	ERE Signature of plan a	dministrator		Date	Enter name of individu		dministrator			
E				Date	11 61 4 2	/ / /	ummsuator			
	IGN Set /				Betty I he	nect				
	ERE Signature of employ	yer/plan sponsor m name, if applicable) and address;	د با در ساد	Date 6/29/1/	Enter name of individu					
	operor a hamo (moduling iii)	m name, ii applicable) aliu auuless,	iiiGiu	de room of suite numi	er (optional)	Preparer's telepn	one number (optional)			
	•									

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions )				. X	res No		
		e 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 a						. X	∕es ∐No		
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-SF and must instead							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	21)?	[	Yes [	]No	lot determined		
Pa	Financial Information									
7	Plan Assets and Liabilities	a para isang	(a) Beginning of Year	*		(b) I	End of Yea	ır		
а	Total plan assets	7a	450,8	31			4	75,937		
b	Total plan liabilities	7b		.,						
	Net plan assets (subtract line 7b from line 7a)	7c	450,8	31			4	475,937		
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year		(a) Amount		Page Name Page		(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)					Biya or to S			
	(2) Participants	8a(2)	10,14	40		12 12 15 15 16 1				
	(3) Others (including rollovers)	8a(3)	***							
b	Other income (loss)	8b	21,29	93			is a second seco			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	a producero de la companya de la co					31,433		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f	6,32	27	A STATE OF THE STA	andere a radio accidence?	antine readment of his birds	000-000-000-000-000-000-000-000-000-00		
g	Other expenses	8g			Ens. 4 Le	Carana and Anna and Anna		Service Charles		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100			etakin Parin etala arik 1999 arik 1999	6,327		
i	Net income (loss) (subtract line 8h from line 8c)	8i	######################################	V:1841				25,106		
j	Transfers to (from) the plan (see instructions)	8j		***************************************	Militario.			en de la companya de La companya de la co		
<b>AP</b> a	Plan Characteristics					•				
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in the ins	structions:			
	3D 2E 2F 2G 2J 2K									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Characte	eristic	Code	s in the inst	ructions	1 4/1.		
		. ,					· · · · · · · · · · · · · · · · · · ·			
	rtva Compliance Questions	····					· · · · · · · · · · · · · · · · · · ·			
10	During the plan year:		774		Yes	No	Amou	ınt		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	tions withir ciary Corre	the time period described in ction Program)	10a		x				
b						, , ,		1 1		
	on line 10a.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10b		Х	<u> </u>			
				10c	Х			50,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
e				100			· ·			
	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See			ŀ				
	instructions.)	***	······································	10e	х			3,253		
1	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		x	Aggregation (1997) Table			
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	ne required	notice or one of the	10i						
Pa	Pension Funding Compliance	V				NO	Company of the last of Confiner	inima Prima ing mary bay ng kabupatèn ng		
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	ule SB (Foi	rm	Yes X No		
118	Enter the unpaid minimum required contribution for current year fr									
12							Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		* · · · · · · · · · · · · · · · · · · ·			-	· · · ·			
а	· · · · · · · · · · · · · · · · · · ·	ng amortize	ed in this plan year, see instruct	ions,	and e	nter the dat Dav	e of the let	ter ruling		

Form 5500-SF 2014 Page 3-					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
<b>b</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 negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	•••••		□ No □ N/A		
Part VIII Plan Terminations and Transfers of Assets		the state of the s			
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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		ontrol	☐ Yes ☒ No		
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)		)			
13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)	13				
14a Name of trust		14b Trust's EIN	1		
Hovair Systems, Inc. 401(k) Retirem		77-0054212			
		and a second of			