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 DESERT AIR AG, INCORPORATED 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DESERT AIR AG, INCORPORATED (EIN) 82-0478101 Sponsor's telephone number 208-663-4840 2710 HIGBEE IDAHO FALLS, ID 83404 Business code (see instructions) 115110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 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 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 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 **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)

	Form 5500-SF 2014		Page 2							
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 continuous control of the plan cannot be a control of the control of the plan cannot be a control of the cont	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye		0
	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 _	Not det	ermined	
Par	t III Financial Information		Г		-					_
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		10.10	
	Total plan assets	7a 	3771	197	-			44	1346	
	Total plan liabilities	7b	3771	107				11.	1346	_
	Net plan assets (subtract line 7b from line 7a)	7c	_	101			(L) T		1040	-
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	86	609						
	(2) Participants	8a(2)	400)40						
	(3) Others (including rollovers)	8a(3)	455	-00						
	Other income (loss)	8b	155	500						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						64	4149	
	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								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								_
	Net income (loss) (subtract line 8h from line 8c)	8i						64	4149	_
	Transfers to (from) the plan (see instructions)	8j								
Par										_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	reature co	ides from the List of Plan Char	acteris	Stic Co	ides in	the instruc	uons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructi	ons:		
Part							<u> </u>			_
10	During the plan year:	tiono withi	n the time natical described in		Yes	No		Amoun	<u> </u>	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				4000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud							_
	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 ben	efits under the plan? (See	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 a	s of year e	end.)	10g		X				_
	If this is an individual account plan, was there a blackout period? (,	109						
	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										_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X N	o
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?	Ye	es X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	- 1.				1		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and s	kip to line 1	3.				
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 fundin					Yes	No N/A	
Part	Part VII Plan Terminations and Transfers of Assets							
13a	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							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another pla	an(s), identify	the plan(s)	to			
1	3c(1) Name of plan(s):			1	3c(2) Ell	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				•			
	lame of trust ERT AIR AG, INCORPORATED 401(K)					ust's EIN 20478101		

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Form 5500-SF

Department of the Treasury Internal Revenue Service

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 8057(b) and 8058(a) of

OMB Nos. 1210-0110 1210-0089

2014

Pension Benefit Guaranty Corporation Part Annual Report Identification Information	2/2014 cking this box must attach a list the form instructions) DFVC program									
Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 A This return/report is for:	cking this box must attach a list the form instructions) DFVC program									
A This return/report is for: X a single-employer plan	cking this box must attach a list the form instructions) DFVC program									
A This return/report is for: B one-participant plan Ithe first return/report In an amended return/report In an amended return/report In a short plan year return/report (less than 12 months) C Check box if filing under: In a special extension (enter description) Part II Basic Plan Information enter all requested information 1 b Three-digit	the form instructions) OFVC program									
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										
special extension (enter description) Part II Basic Plan Information enter all requested information 1a Name of plan 1b Three-digit										
18 Name of plan 1b Three-digit	an dela									
1a Name of plan 1b Three-digit										
Desert Air Ag, Incorporated 401(k) Plan (PN) > 001	n number I) ▶ 001									
1C Effective date of plan 01/01/2003										
2a Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan) Desert Air Ag. Incorporated (EIN) 62-0478101	ployer Identification Number 1) 82-0478101									
2710 Nigbee 2710 N										
US Idaho Falls ID 93404 2d Business code (see instruction 115110										
3a Plan administrator's name and address 🗵 Same as Plan Sponsor Name 3b Administrator's EIN	08) 663-4840 Iness code (see Instructions)									
	08) 663-4840 Iness code (see instructions) 5110									
3C Administrator's telephone num	08) 663-4840 Iness code (see instructions) 5110 ministrator's EIN									
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	Form 5500-SF 2014		Page 2		8				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)					X Yes	No
2	Are you claiming a waiver of the annual examination and report of a	64 CC 12 CC	CONTRACTOR OF A STATE	t (IQP	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditio	ns.)					X Yes]No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forr	n 5500-SF and must instead				400000000000000000000000000000000000000		
	If the plan is a defined benefit plan, is it covered under the PBGC in:	surance pr	ogram (see ERISA section 402	21)?	L	Y @	es No	Not deter	mine
Pa	rt III Financial Information	1 1							
-	Plan Assets and Liabilities		(a) Beginning of Year		-		(b) End o		
	Total plan assets	7a	377,1	97	-			441,34	6
_	Total plan liabilities	7b			-				_
_	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	97	\vdash		(b) To	441,34	6
_	Contributions received or receivable from:		(a) Amount			15.52	(b) 10	tai	Mari
-	(1) Employers	8a(1)	8,6	09					
	(2) Participants	8a(2)	40,0	40					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	15,5	00	1000			A SHIPP	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						64,14	9
-	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i						64,14	9
	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Charac	teristi	c Cod	es in	the instruction	ons:	
	2E 2F 2G 2J 2K 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	eristic	Code	s in ti	he instruction	is:	
\Box									
Pa	rt V Compliance Questions								
10	During the plan year:			_	Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x			
b	Were there any nonexempt transactions with any party-in-interest								
	on line 10a.)			10b		Х			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	Х	_		40,	,000
d	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 of								
	instructions.)			10e		х			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x			
h				401					
	2520.101-3.)			10h		х			11000
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					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X	. No
112	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year from the contribution for current year.				-				
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X] No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a				tions.	and e	nter	the date of th	ne letter ruling	
	granting the waiver								

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	0), 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 negative amount)	•		12d					
e Will the minimum funding amount reported on line 12d be met by the funding dea	dline?	*********	<u> 🗀</u>	Yes 🗀	No □ N/A			
Part VII Plan Terminations and Transfers of Assets								
3a Has a resolution to terminate the plan been adopted in any plan year?	1 0 2 0 4 D 4 D 4 D 4 D 4 D 4 D 2 D 4 D 4 D 4 D	**********	ř	s X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s), iden	tify the plan(s) to) 					
13c(1) Name of plan(s):	·	13c	(2) EIN(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)								
4a Name of trust			14b To	rust's EIN				
Desert Air Ag, Incorporated 401(k)				82-0478	101			