Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOLAIRUS AVIATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2009

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
SUNSET AVIATION, LLC DBA SOLAIRUS AVIATION

201 1ST STREET
SUITE 307
PETALUMA, CA 94592

2b Employer Identification Number (EIN)
80-0319107

2c Plan Sponsor's telephone number
800-359-7861

2d Business code (see instructions)
481000

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	11/04/2015	MARK DENNEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/04/2015	MARK DENNEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	293
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	294
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	282
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	306
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	306
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	306
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2R 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SOLAIRUS AVIATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUNSET AVIATION, LLC DBA SOLAIRUS AVIATION

D Employer Identification Number (EIN)
80-0319107

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB TRUST BANK

42-1558009

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GREENLEAF & BURLESON

20-1160877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	INVESTMENT ADVISOR	31588	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17 36 37 38 50 59 64 65 70	NONE	13487	Yes [X] No [ ]	Yes [ ] No [X]	24523	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 55 59 71	AFFILIATE OF TRUSTEE	3036	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC	19 55 59 71	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN	15 16 17 36 37 38 50 59 64 65 70	24523

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHARLES SCHWAB & CO., INC 94-1737782	SHAREHOLDER SERVICING PAYMENTS USED TO REDUCE TAP RECORDKEEPING FEES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SOLAIRUS AVIATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUNSET AVIATION, LLC DBA SOLAIRUS AVIATION

D Employer Identification Number (EIN)
80-0319107

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	50	614
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	60770	84076
(2) Participant contributions	1b(2)	74422	90065
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1033279	978793
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	163850	239514
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10289058	13492068
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1294910	1527580

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12916339	16412710
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	564
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	564
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12916339	16412146

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1255860	
(B) Participants	2a(1)(B)	2077067	
(C) Others (including rollovers)	2a(1)(C)	155756	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3488683
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	94	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9023	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9117
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	585023	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		585023
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		137123
c Other income	2c		151073
d Total income. Add all **income** amounts in column (b) and enter total	2d		4371019
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	827044	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		827044
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	13487	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	34624	
(4) Other	2i(4)	57	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		48168
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		875212
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3495807
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARCUM LLP **(2)** EIN: 11-1875323

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SOLAIRUS AVIATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUNSET AVIATION, LLC DBA SOLAIRUS AVIATION

D Employer Identification Number (EIN)
80-0319107

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SOLAIRUS AVIATION 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

FOR THE YEAR ENDED DECEMBER 31, 2014

SOLAIRUS AVIATION 401(k) PLAN

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MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Trustees and Plan Administrator of
Solairus Aviation 401(k) Plan
Petaluma, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Solairus Aviation 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Charles Schwab Bank, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

MARCUMGROUP
MEMBER

Marcum LLP ▪ 101 Montgomery Street ▪ Suite 1900 ▪ San Francisco, California 94104 ▪ **Phone** 415.432.6200 ▪ **Fax** 415.432.6201 ▪ **marcumllp.com**

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The Supplemental Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Marcum LLP

San Francisco, CA
October 14, 2015

SOLAIRUS AVIATION 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
Assets		
Investments at fair value	$ 15,978,064	$ 12,615,980
Receivables		
Notes receivable from participants	239,514	163,850
Employer contribution	84,076	60,770
Participants' contributions	90,065	74,422
Total Receivables	413,655	299,042
Cash	20,991	1,317
Total Assets	16,412,710	12,916,339
Liabilities		
Excess contributions payable	564	--
Total Liabilities	564	--
Net Assets Available for Benefits	$ 16,412,146	$ 12,916,339

The accompanying notes are an integral part of these financial statements.

SOLAIRUS AVIATION 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributed to:		
Contributions		
Participants	$ 2,077,067	
Employer	1,255,860	
Rollovers	155,757	
Total Contributions		$ 3,488,684
Investment Income		
Net appreciation in fair value of investments	246,837	
Dividend and interest income	626,476	
Total Investment Income		873,313
Interest Income on Notes Receivable from Participants		9,023
Total Additions		4,371,020
Deductions From Net Assets Attributed to:		
Benefits paid to participants	827,044	
Administrative expenses	48,169	
Total Deductions		875,213
Net Increase in Net Assets Available for Benefits		3,495,807
Net Assets Available for Benefits - Beginning		12,916,339
Net Assets Available for Benefits - Ending		$ 16,412,146

The accompanying notes are an integral part of these financial statements.

SOLAIRUS AVIATION 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2014

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Solairus Aviation 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

GENERAL

The Plan is a defined contribution plan sponsored by Solairus Aviation (the "Sponsor" or the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective January 1, 2012 and changed the name of the Plan from Sunset Aviation, LLC 401(k) Plan to Solairus Aviation 401(k) Plan. The Sponsor is the Plan Administrator. The Plan Administrator is responsible for all matters, including but not limited to eligibility, rights to benefits, interpreting Plan documents, and maintaining participants' accounts. The Trustees of the Plan are the Company's President and CFO, John King and Mark Dennen, respectively. The Custodian of the Plan is Charles Schwab Bank (the "Custodian"). The Board of Trustees is responsible for oversight of the Plan. Each participant allocates his or her Plan contributions among the investment options available in the Plan.

ELIGIBILITY AND PARTICIPATION

Participation in the Plan is voluntary. Employees who have attained the age of 18 are eligible to participate, unless they are specifically excluded from participating by the Plan agreement.

An eligible employee may elect to participate on the first day of each calendar month.

CONTRIBUTIONS

Participants

Each year, participants may contribute up to 75% of their compensation, as defined by the Plan. Section 401(k) of the Internal Revenue Code (the "Code") and the Plan limit the amount certain highly compensated individuals may contribute, based on amounts contributed by lower compensated individuals. All participants were limited to a maximum contribution of $17,500 in 2014 by Section 402(g) of the Code. In addition, individuals age 50 or over by the end of the Plan year are allowed to make additional contributions in excess of the standard limits of up to $5,500 in 2014. If any participant's elective deferrals for the year exceed the maximum allowable for that year, the excess amounts were returned to the Company and then paid to the participant as taxable compensation.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

Safe Harbor Matching Contributions

This plan is designed to qualify as a "Safe Harbor 401(k) Plan." As a Safe Harbor 401(k) Plan, the Sponsor will provide a special Safe Harbor matching contribution to the Plan for those participants who satisfy the eligibility requirements applicable to such Safe Harbor matching contributions.

The Safe Harbor matching contributions are equal to 100% of the employee contribution for each payroll period up to 6.0% of Plan compensation.

Employer

The Company, at its discretion, may make a discretionary profit sharing employer contribution. The employer contribution may be determined as a uniform percentage of compensation or as a uniform dollar amount. There were no discretionary profit sharing employer contributions for the year ended December 31, 2014.

Rollovers

With the consent of the Plan Administrator, participants are permitted to deposit distributions received from other qualified plans ("rollovers") without incurring federal or state income taxes and penalties.

PARTICIPANT ACCOUNTS

Separate accounts are established and maintained for each participant. Plan participants are provided with various individual investment options. Participants may elect how to allocate their contributions among the investment options and can change their allocations at any time. The investments are valued on the valuation date, which is the last day of the plan year. Investments are not guaranteed as to income or principal.

Each participant's account is credited with the participant's salary deferral contribution and allocations of (a) the Company's matching contributions, (b) discretionary profit sharing contributions, if any, and (c) Plan earnings and gains and losses less charges of allocated administrative expenses. Earnings on investments include interest income and realized and unrealized gains and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

VESTING

Participants are immediately vested in their contributions to the Plan and earnings thereon and are entitled to receive the full value of their accounts upon termination of employment services with the Company. Participants are immediately vested in their Safe Harbor matching contribution. A participant needs to be an active employee at December 31 to receive employer profit sharing contributions for that year. The following vesting schedule applies to profit sharing contributions made by the employer:

Years of Service	Vesting %
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

FORFEITURES

Forfeitures of Company contributions may be used to reduce future employer contributions and pay for Plan expenses. No forfeitures were available at December 31, 2014 and 2013. Forfeitures in the amount of $7,101 were used to reduce employer contribution for year ended December 31, 2014.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Each loan made must be fully repaid through payroll deductions within 5 years, unless the loan is used for the purchase of a primary residence, in which case the loan may be repaid within a period of no more than 30 years. The loan is secured by the balance in the participant's account and bears interest at prime plus 2% per annum. Notes receivable outstanding as of December 31, 2014 bear interest at 5.25% per annum. Loans become due and payable in full in the event of the participant's termination of employment, as defined by the Plan.

BENEFIT PAYMENTS AND WITHDRAWALS

Upon termination of service due to death, disability, retirement, or other reasons, vested benefits due to the participants or their beneficiaries will be distributed in accordance with the Plan.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

PLAN TERMINATION

Although it has not expressed an intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

NEW ACCOUNTING PRONOUNCEMENTS

On December 31, 2014, the Plan adopted Accounting Standards Update 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) ("ASU 2015-12").* The effects of ASU 2015-12 on the Plan's financial statements are as follows:

- Prior to the adoption of ASU 2015-12, fully benefit-responsive investment contracts were required to be measured at fair value for purposes of presentation and disclosure. ASU 2015-12 provides that fully benefit-responsive investment contracts be measured, presented, and disclosed only at contract value. The Plan does not have any fully benefit-responsive investment contracts. ASU 2015-12 does not have any material impact on Plan's financial statements.

- Prior to the adoption of ASU 2015-12, US GAAP required plans to disclose (1) individual investments that represent 5% or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type. These disclosures are no longer required.

- Prior to the adoption of ASU 2015-12, US GAAP required assets to be grouped and disclosed within the fair value hierarchy on the basis of nature, characteristics, and risk as well as by general investment type. ASU 2015-12 provides that investments may be grouped and disclosed in the fair value hierarchy only by general type.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NEW ACCOUNTING PRONOUNCEMENTS (CONTINUED)

- ASU 2015-12 eliminates previously required disclosures with respect to the investment strategy of direct filing entities for investments measured using the net asset value per share (or its equivalent) practical expedient in *Topic 820: Fair Value Measurement.*

USE OF ESTIMATES

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivables from participants are recorded as distributions based upon the terms of the Plan document.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are stated at fair value. See Note 3 for fair value measurements. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and Custodian. Realized gains and losses on sales of investments, if any, are calculated based on net sales' proceeds and investment costs determined on the specific-identification method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

PAYMENTS OF BENEFITS

Benefits are recorded when paid.

EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in appreciation of fair value of investments.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

RISKS AND UNCERTAINTIES

The Plan provides for various investment options in a combination of mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

SUBSEQUENT EVENTS

The Plan has evaluated all events and transactions through October 14, 2015, the date the financial statements were available to be issued, and no events have occurred that required adjustments or disclosure in these financial statements.

NOTE 3 - FAIR VALUE OF INVESTMENTS

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value. That hierarchy is as follows:

Level 1 - Quoted prices in active markets for identical assets or liabilities;

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities;

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

NOTE 3 - FAIR VALUE OF INVESTMENTS (CONTINUED)

The asset's or liability's fair value measurement level with the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013:

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds: Valued at the closing price reported in the active market in which the individual securities are traded.

Common stock: Publicly traded common stocks are valued at the closing price reported in the active market in which the individual securities are traded.

Preferred stock: Publicly traded preferred stocks are valued at the closing price reported in the active market in which the individual securities are traded.

Unit Investment Trust: Publicly traded unit investment trust is valued at the closing price reported in the active market in which the unit investment trust is traded.

Partnership: Publicly traded partnership is valued at the closing price reported in the active market in which the partnership interest is traded.

Options: Options from publicly traded companies are valued at the closing price reported in the active market in which the option is traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 3 – FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2014:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Financial Assets:				
Mutual funds	$13,899,465	$ --	$ --	$ 13,899,465
Common stock	644,582	--	--	644,582
Preferred stock	27,444	--	--	27,444
Money market funds	1,169,744	--	--	1,169,744
Unit investment trust	235,292	--	--	235,292
Partnership	1,537	--	--	1,537
Total Investments at Fair Value	$15,978,064	$ --	$ --	$ 15,978,064

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2013:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Financial Assets:				
Mutual funds	$10,573,070	$ --	$ --	$ 10,573,070
Common stock	425,877	--	--	425,877
Preferred stock	22,102	--	--	22,102
Money market funds	1,254,968	--	--	1,254,968
Unit investment trust	326,970	--	--	326,970
Partnership	16,503	--	--	16,503
Options	(3,510)	--	--	(3,510)
Total Investments at Fair Value	$12,615,980	$ --	$ --	$ 12,615,980

NOTE 4 - UNAUDITED INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The following unaudited information in the financial statements and supplemental schedule were certified to be complete and accurate by the Custodian of the Plan within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- All amounts included as investments at fair value in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- All amounts included as cash and notes receivable from participants in the Statements of Net Assets available for Benefits as of December 31, 2014 and 2013.
- Investment income and net appreciation in fair value of investment amounts included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- Interest income from notes receivable from participants included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- All amounts included in the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2014.

NOTE 5 - TAX STATUS

The Plan, as amended and restated effective on January 1, 2012, is a Prototype Plan sponsored by Milliman USA, Inc. The Prototype Plan obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service ("IRS") stated that the form of the Prototype Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since the issuance of that opinion letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2014 and 2013, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTE 5 – TAX STATUS (CONTINUED)

The non-discrimination and other compliance testing was not completed for the year ended December 31, 2014. The Plan administrator has determined that the expected result would not have any material impact on the Plan's financial statements. However, if any corrective action is not taken within the statutory time limit, the Plan may lose its qualified status.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

The records of the Plan indicate there were no party-in-interest transactions for the plan year ended December 31, 2014, which are prohibited by ERISA Sections 406 and 407 and for which no statutory or administrative exemption exists.

SOLAIRUS AVIATION 401(k) PLAN

SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 80-0319107
PN: 001

December 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Mutual Fund	Schwab S&P 500 Index Fund - Select S	**	$ 2,149,016
*	Mutual Fund	Schwab Target 2030 Fund	**	1,694,240
*	Mutual Fund	Schwab Target 2040 Fund	**	1,212,480
*	Mutual Fund	Schwab Target 2020 Fund	**	897,277
*	Mutual Fund	Oakmark International Fund I	**	859,681
*	Mutual Fund	Hennessy Cornerstone Value Fd Inv	**	715,568
*	Mutual Fund	PIMCO Total Return Administrative	**	689,393
*	Mutual Fund	Oakmark Equity Income FD I	**	629,955
*	Mutual Fund	Dreyfus Midcap Index Fund	**	560,404
*	Mutual Fund	Baron Small Cap Fund	**	513,470
*	Mutual Fund	First Eagle Overseas Fund A	**	440,643
*	Mutual Fund	DFA U.S. Targeted Value Port CL R1	**	435,210
*	Mutual Fund	T Rowe Price New America Growth Adv	**	432,546
*	Mutual Fund	Dreyfus Small Cap Stock Index	**	379,565
*	Mutual Fund	Cohen & Steers Realty Shares	**	345,774
*	Mutual Fund	Ivy Mid Cap Growth Fund CL Y	**	253,715
*	Mutual Fund	DFA Emrg Mkts Value Port Cl R2	**	243,297
*	Mutual Fund	American Century Govt Bond Fund Inv	**	242,403
*	Mutual Fund	PIMCO Foreign Bond Fd Unhedged ADM	**	231,438
*	Mutual Fund	PIMCO FDS Real Rtn Fd P	**	128,668
*	Mutual Fund	Schwab Target 2010 Fund	**	101,992
*	Mutual Fund	DFA US Large Cap Value Port Instl	**	88,022
*	Mutual Fund	Schwab Target 2035 Fund	**	82,988
*	Mutual Fund	Schwab Target 2025 Fund	**	76,010
*	Mutual Fund	Calvert Equity Portfolio CL A	**	64,081

(Continued)

SOLAIRUS AVIATION 401(k) PLAN

SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

EIN: 80-0319107
PN: 001

December 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Mutual Fund	Doubleline Total Returned FD CL I	**	58,975
*	Mutual Fund	Oakmark Global Fund CL I	**	70,181
*	Mutual Fund	Osterweis Strategic Income Fund	**	52,311
*	Mutual Fund	DFA US Core Eqty 1 Port Instl	**	49,211
*	Mutual Fund	DFA Intl Core Eqty Port Instl	**	31,858
*	Mutual Fund	Schwab Target 2050 Fund	**	26,989
*	Mutual Fund	Mairs & Power Growth Fd Inc	**	26,143
*	Mutual Fund	Litman Gregory Mstrs Alt Strat Instl	**	20,229
*	Mutual Fund	DFA US Targeted Value Port Instl	**	12,789
*	Mutual Fund	DFA US Small Cap Port Instl	**	12,123
*	Mutual Fund	Goldman Sachs Strategic	**	10,856
*	Mutual Fund	DFA Emerg Mkts Core Eqty Port Instl	**	10,706
*	Mutual Fund	Powershares Exch Trad FD TR	**	8,673
*	Mutual Fund	Vanguard Interm-term Inv Grd Adm Shs	**	7,106
*	Mutual Fund	Salient MF TR	**	6,001
*	Mutual Fund	Schwab Mkttrk All Equity Inv	**	5,577
*	Mutual Fund	Schwab Target 2045 Fund	**	5,449
*	Mutual Fund	Touchstone Sands Capital Instl Growt	**	4,889
*	Mutual Fund	Sterling Capital Equity Income A	**	2,988
*	Mutual Fund	Kinetics Paradigm Fund	**	2,962
*	Mutual Fund	Firsthand Tech Value FD Inc	**	2,462
*	Mutual Fund	Schwab Target 2015 Fund	**	2,012
*	Mutual Fund	Pacific Adv Small Cap Value FD A	**	1,139
	Total Mutual Funds			13,899,465

(Continued)

SOLAIRUS AVIATION 401(k) PLAN

SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

EIN: 80-0319107
PN: 001

December 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Money Market Fund	Schwab Investor Money Fund	**	978,704
*	Money Market Fund	Schwab Money Market Fund	**	189,631
*	Money Market Fund	Schwab Government Money Fund	**	1,409
	Total Money Market Funds			1,169,744
	Common Stock	American Airlines Group	**	78,193
	Common Stock	Exxon Mobil Corporation	**	64,715
	Common Stock	Berkshire Hathaway B New	**	64,565
	Common Stock	Royal Caribbean Cruises Ltd	**	52,582
	Common Stock	First Republic Bank	**	34,436
	Common Stock	Jetblue Airways Corp	**	32,117
	Common Stock	Southwest Airls Co	**	22,257
	Common Stock	Apple Inc	**	22,076
	Common Stock	ITT Edl Svcs Inc	**	20,181
	Common Stock	Proshares Ultra S&P 500	**	19,247
	Common Stock	Altria Group Inc	**	16,107
	Common Stock	KKR & Co LP	**	15,736
	Common Stock	Boeing Co	**	13,339
	Common Stock	Hilton Worldwide Hld	**	13,045
	Common Stock	Verizon Communications	**	12,128
	Common Stock	Trinseo S.A.	**	11,674
	Common Stock	Silicom Limited	**	11,331
	Common Stock	American Capital Agency	**	11,136
	Common Stock	Johnson & Johnson	**	8,534

(Continued)

SOLAIRUS AVIATION 401(k) PLAN

SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

EIN: 80-0319107
PN: 001

December 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock		Du Pont E I DE Nemours&CO	**	8,420
Common Stock		Ford Motor Company New	**	8,324
Common Stock		Sector Spdr Engy Select	**	7,916
Common Stock		GoPro Inc	**	7,903
Common Stock		Weyerhaeuser Co	**	7,853
Common Stock		Symantec Corp	**	6,624
Common Stock		First Intst Bancsyst	**	6,362
Common Stock		Salesforce Com	**	5,931
Common Stock		Pioneer Energy Services	**	5,540
Common Stock		Linn Energy	**	5,005
Common Stock		Emerald Oil Inc	**	4,722
Common Stock		E O G Resources Inc	**	4,612
Common Stock		Superior Energy Svcs Inc	**	4,030
Common Stock		Luxottica Group S P AADR	**	3,922
Common Stock		Pertroleo Brasileiro ADRF	**	3,650
Common Stock		General Motors Co	**	3,615
Common Stock		Snap Interactive Inc	**	3,490
Common Stock		Magnum Hunter Resour	**	3,140
Common Stock		Best Buy Inc	**	3,118
Common Stock		Exact Sciences Corp	**	2,744
Common Stock		Moneygram Intl Inc New	**	2,273
Common Stock		Taiwan Semiconductor Mfg Co Adr	**	2,238
Common Stock		LinnCO LLC	**	2,074
Common Stock		Bank of America Corp	**	1,822

(Continued)

SOLAIRUS AVIATION 401(k) PLAN

SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

EIN: 80-0319107
PN: 001

December 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock	Alcoa Inc	**	1,649
	Common Stock	Dryships Inc	**	1,590
	Common Stock	Frontier Communications Corp	**	1,549
	Common Stock	Sprint Corporation	**	1,067
	Total Common Stock			644,582
	Preferred Stock	Annaly Cap Mgmt Inc 7.625%-C N/A / N	**	27,444
	Total Preferred Stock			27,444
	Unit Investment Trust	Ishares S&P US PFD Fund	**	36,727
	Unit Investment Trust	Proshs TR Ultrapro E	**	27,773
	Unit Investment Trust	Proshares Ultrapro E	**	18,287
	Unit Investment Trust	Powershares QQQ Trust Ser 1	**	16,803
	Unit Investment Trust	Guggenheim ETF S&P Midcap 400 Pure	**	13,177
	Unit Investment Trust	Sector SPDR TR Con Svcs	**	12,539
	Unit Investment Trust	Vanguard Total Stock Mkt	**	11,863
	Unit Investment Trust	Schwab US Scap ETF	**	11,225
	Unit Investment Trust	Schwab US Lcap ETF	**	10,494
	Unit Investment Trust	SPDR Trust Unit Ser 1 Exp 1/22/2118	**	10,375
	Unit Investment Trust	Ishares TR S&P 500 Growth Index Fund	**	9,121
	Unit Investment Trust	Powershs Exch Trad FD TR	**	8,004
	Unit Investment Trust	Ishares TR DJ US Energy SEC Indx Fd	**	7,971
	Unit Investment Trust	Wisdomtree Trust Midcap	**	7,862
	Unit Investment Trust	Wisdomtree Hi Yield Eqty	**	6,316
	Unit Investment Trust	Vanguard Reit	**	6,156
	Unit Investment Trust	Ishares Aero & DEF Indx	**	5,811
	Unit Investment Trust	SPDR Barclays ETF	**	5,324

(Continued)

SOLAIRUS AVIATION 401(k) PLAN

SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

EIN: 80-0319107
PN: 001

December 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Unit Investment Trust	Powershares ETF	**	3,910
	Unit Investment Trust	Powershs Exch Trad F	**	3,523
	Unit Investment Trust	Schw US Lcap Gro ETF	**	2,031
	Total Unit Investment Trust			235,292
	Partnership	Annaly Mtg Mgmt Inc	**	1,537
	Total Investments			$15,978,064
		Notes Receivable from Participants		
*	Participant loans	Participants' loans bearing interest at 5.25% per annum and maturity dates ranging between January 2015 to November 2044.		$ 239,514
	Total Investments and Notes Receivable from Participants			$16,217,578

* Party-in-interest for which a statutory exemption exists.

** Cost information on investments held by Charles Schwab Bank has been omitted as all investments are in an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account, including .negative elections, as may be authorized under the terms of the Plan

See accompanying independent auditors' report

SOLAIRUS AVIATION 401(k) PLAN
PLAN #001
FOR THE PLAN YEAR ENDING DECEMBER 31, 2014
EIN #80-0319107
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF PLAN YEAR

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Participant Loans	Interest at 5.25%		239,514
	Personal Choice Retirement Accounts	Brokerage Accounts		1,517,542
	Baron Small Cap	Mutual Fund		513,474
	American Century Govt Bond	Mutual Fund		242,411
	Calvert Equity Portfolio Cl A	Mutual Fund		64,081
	Cohen & Steers Realty Shares	Mutual Fund		344,480
	DFA Emerging Mkts Value Port Cl R2	Mutual Fund		244,256
	DFA US Large Cap Value P Ort Instl	Mutual Fund		88,022
	DFA US Targeted Value Port Cl R1	Mutual Fund		435,389
	Dreyfus Small Cap Stock Index	Mutual Fund		379,405
	Hennessey Cornerstone Value Fund	Mutual Fund		715,586
	Oakmark Equity & Income Fund	Mutual Fund		629,955
	Oakmark International I	Mutual Fund		859,743
	T. Rowe Price New America Growth Adv.	Mutual Fund		432,463
	Dreyfus Midcap Index Fun D	Mutual Fund		560,356
	PIMCO Foreign Bond Unhedged Adm	Mutual Fund		231,514
	PIMCO Real Return Fund Class P	Mutual Fund		128,690
	PIMCO Total Return Administrative	Mutual Fund		689,489
	First Eagle Overseas Fund Class A	Mutual Fund		441,079
*	Schwab Target 2010 Fund	Mutual Fund		101,992
*	Schwab Target 2020 Fund	Mutual Fund		897,277
*	Schwab Target 2030 Fund	Mutual Fund		1,694,471
*	Schwab Target 2040 Fund	Mutual Fund		1,212,480
*	Schwab Target 2015 Fund	Mutual Fund		2,012
*	Schwab Target 2025 Fund	Mutual Fund		76,010
*	Schwab Target 2035 Fund	Mutual Fund		72,859
*	Schwab Target 2045 Fund	Mutual Fund		5,449
*	Schwab Target 2050 Fund	Mutual Fund		26,989
	Schwab S&P 500 Index Fund Select	Mutual Fund		2,148,487
	Schwab Retirement Money	Money Market Fund		978,793
	Ivy Mid-Cap Growth Fund Class Y	Mutual Fund		253,651
				16,227,917

*** Denotes Party-In-Interest**

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SOLAIRUS AVIATION 401(K) PLAN
Information for Form 5500, Schedule C
For January 1, 2014 - December 31, 2014

This information summarizes the compensation paid for your plan to Charles Schwab & Co. Inc., and its affiliates (Schwab), or to other service providers, for services related to the plan. Information provided is for the period shown above or for the portion of the plan year that Schwab provided services for your plan. Amounts paid from the plan may be reportable on the plan's annual Form 5500, Schedule C, if applicable. Please refer to the instructions for Form 5500, Schedule C to determine if your plan is required to file the form and for more details of what should be reported.

Direct Payments From The Plan to Schwab:

Account Type	Paid To	EIN	Description	Amount
Participant Brokerage	Charles Schwab & Co., Inc.	94-1737782	Brokerage Fees	$2,941.09
Total Direct Payments From the Plan to Schwab				$2,941.09

Several Schwab entities may work together to provide services to your plan and may share the proceeds of fees collected with Charles Schwab & Co, Inc., Charles Schwab Bank, Schwab Retirement Plan Services, Inc., Schwab Retirement Plan Services Company, or Charles Schwab Investment Management, Inc. as needed to support the cost of services provided by these affiliates.

The above fees include brokerage or other investment related fees charged to accounts in the plan for services provided by Charles Schwab and its affiliates when those trading arrangements and/or services are requested by parties with trading authority. This could include authorization from plan participants if your plan offers a participant self -directed brokerage option. More detailed fee information is provided when each account is opened or as the particular trading arrangements and/or services are requested. For more information regarding these fees, please contact a Schwab representative for more information and a current copy of the Schwab Pricing Guide and account application(s).

Direct Payments From The Plan To Other Service Providers:

Account Type	Paid To	EIN	Description	Amount
Participant Brokerage	TMFS SACRAMENTO LLC	72-1606098	Advisor Fee	$88.72

**The other service providers listed in this report are those to whom fees have been paid from your plan account(s) at Schwab during the year, at the specific direction of the plan fiduciary or other authorized party. Such fees reported may not represent all amounts that were paid by the plan to these providers. If available, the Employer Identification Numbers ("EINs") listed were provided to us at the time of payment. You should contact these providers for disclosure of their services and fee schedules. If you have retained additional service providers for this plan that are not listed in this report or other fees that were paid from the plan and not specifically disclosed separately from other plan transactions, you may want to contact such other service providers for more information. For example, if the Plan permits a participant self directed brokerage option and a broker, investment advisor or other financial service provider has been authorized to direct investments and charge a fee / commission you will need to contact the broker, investment advisor or other financial service provider for a report summarizing such fees. If Schwab were directed to separately pay a fee to a broker, investment advisor or other financial service provider such payment will be reflected in the list of direct payments to other service providers. However, if a broker, investment advisor or other financial service provider reduces a settled trade amount by the broker, investment advisor or other financial service provider's fee / commission, Schwab may not be privy to such fee / commission amount and you will need to obtain a summary of such fees from the broker, investment advisor or other financial service provider.

Indirect Compensation Received by Schwab:

Indirect compensation is any compensation received for services related to the plan that is not paid directly by the plan or plan sponsor. Schwab receives the following indirect compensation from your plan:

Trust and Custody Fees: Charles Schwab Bank (EIN#42-1558009) received payment for trust and custodial related services from MILLIMAN, INC. - WALNUT CREEK, in the amount of $3,639.71. Please contact your third party administrator for more details.

Shareholder Related Servicing: Charles Schwab & Co., Inc. may receive compensation from fund companies for investments in the plan (including Schwab proprietary and other funds). This compensation may be paid by the fund company or one of its affiliates. Disclosure of this compensation was previously provided by CS & Co, Inc. and its affiliates who provide services for your plan. For more details please refer to your Charles Schwab Bank fee schedule or TPA Master Fee Schedule and Appendix 1 - Shareholder Servicing Payment Rates.

Non-Monetary Compensation: Schwab's Gift's and Entertainment Policy provides that gifts to or from a customer, financial institution, news or financial media (other than a close relative) may not exceed a total value of $100 in any calendar year without prior approval. If you need additional information, please contact your Schwab service representative.

SOLAIRUS AVIATION 401(K) PLAN
Information for Form 5500, Schedule C
For January 1, 2014 - December 31, 2014

Eligible Indirect Compensation Received by Schwab:

In general, certain types of indirect compensation that have previously been disclosed may be categorized as eligible indirect compensation. While all amounts paid from the plan should be considered when determining which service providers to report, IRS Form 5500 instructions state that there is no need to report the amount or formula for eligible indirect compensation on Form 5500, Schedule C. The below information lists the types of eligible indirect compensation Schwab may earn for your plan and where to find the written disclosures used to determine Schwab's compensation.

Fund Management: Charles Schwab Investment Management Inc. earns compensation for advisory and certain administrative services performed for the Schwab proprietary funds (Schwab or Laudus funds). Disclosure of this compensation is provided in a fund prospectus, available from Charles Schwab & Co, Inc. (EIN 94-1737782) or its affiliates.

Charles Schwab Bank (EIN 42-1558009) earns compensation for management and operation of the Charles Schwab Bank Collective Trust Funds (including Schwab Managed Retirement Trust Funds and Schwab Institutional Trust Funds). Disclosure of this compensation is provided by Charles Schwab Bank in the collective trust fund declarations of trust, participation agreements, and annual audited financial statements for each collective trust fund. Please contact your Schwab representative to obtain a copy of any of these documents or visit www.schwabbankfunds.com.

Cash Float: Charles Schwab & Co. Inc. and its affiliates may receive compensation on uninvested cash or cash in transit at the end of each business day. For more details, please refer to the current Schwab Explanation of Fees and Services for 408(b)(2) brokerage account agreements applicable to your plan.

Indirect Compensation Paid to Others:

In general, fund companies that your plan invests in receive only Eligible Indirect Compensation from the plan. Details of the amounts or rates received are disclosed in the fund prospectuses provided by Charles Schwab & Co., Inc. (EIN 94-1737782) or its affiliates and agents.

Additional Disclosures:

Schwab may receive certain amounts from various fund companies to offset the costs associated with educational programs such as client conferences, internal seminars, articles and publications. These sponsorships are unrelated to the contractual services provided by Schwab with respect to the plan.

Your service agreement with Schwab may provide for using all or a portion of shareholder servicing payments received by Schwab as directed by the Employer in its role as Plan Administrator (e.g., to pay plan expenses (including Schwab fees)). Illustrations on this report reflect Schwab compensation amounts or rates after all credits have been applied. For more details, please refer to your Schwab services agreement.

Charles Schwab Investment Management, Inc., is an affiliate of Charles Schwab & Co. Inc.

The Charles Schwab Corporation provides services to retirement and other benefit plans and participants through its separate but affiliated companies and subsidiaries: Charles Schwab Bank; Charles Schwab &Co., Inc. (member SIPC, www.sipc.org), Schwab Retirement Plan Services, Inc.,; and Schwab Retirement Plan Services Company Trust, custody and deposit products and services are available through Charles Schwab Bank. Schwab Retirement Plan Services, Inc. and Schwab Retirement Plan Services Company provide recordkeeping and related services with respect to retirement plans.

If you need additional information, please contact your third party administrator or recordkeeper.

SOLAIRUS AVIATION 401(K) PLAN
Information for Form 5500, Schedule C
For January 1, 2014 - December 31, 2014

Appendix 1 - Shareholder Servicing Payment Rates :

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's fund holding(s) at Charles Schwab Bank in the fund family(ies) listed is 0.02%, as further detailed below:

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
Allianz Funds	06-1349805	Range of 0.00 - 0.02% of average daily balance of assets
American Century Investments	43-0821857	Range of 0.00 - 0.02% of average daily balance of assets
Baron Capital Group	13-3122938	Range of 0.00 - 0.02% of average daily balance of assets
Calvert Investments	Not Available	Range of 0.00 - 0.02% of average daily balance of assets
Cohen & Steers	14-1904657	Range of 0.00 - 0.02% of average daily balance of assets
Dimensional Fund Advisors	22-2370029	Range of 0.00 - 0.02% of average daily balance of assets
Dreyfus	Not Available	Range of 0.00 - 0.02% of average daily balance of assets
First Eagle	13-3392291	Range of 0.00 - 0.02% of average daily balance of assets
Hennessy	68-0377264	Range of 0.00 - 0.02% of average daily balance of assets
Ivy Funds	04-6006759	Range of 0.00 - 0.02% of average daily balance of assets
Oakmark	04-3276558	Range of 0.00 - 0.02% of average daily balance of assets
T. Rowe Price	52-2264646	Range of 0.00 - 0.02% of average daily balance of assets

In addition to the above, as directed by you in your Schwab service agreement, a portion of amounts received by Schwab from fund companies or their affiliates for shareholder related services were used to pay Charles Schwab Bank trust and custody fees as outlined below:

Received by Charles Schwab Bank (EIN#42-1558009)		
Fund Family/Provider	**EIN**	**Amount**
Allianz Funds	06-1349805	365.69
American Century Investments	43-0821857	79.18
Baron Capital Group	13-3122938	293.44
Calvert Investments	Not Available	17.90
Cohen & Steers	14-1904657	173.99
Dimensional Fund Advisors	22-2370029	174.38
Dreyfus	Not Available	437.96
First Eagle	13-3392291	254.53
Hennessy	68-0377264	516.97
Ivy Funds	04-6006759	167.74
Neuberger Berman	13-3216325	0.39
Oakmark	04-3276558	865.71
Schwab Funds	94-3106735	1200.77
T. Rowe Price	52-2264646	207.02

On average, the rate earned with respect to your plan's fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.21%, as further detailed below:

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
DoubleLine	Not Available	Rate of 0.10% of average daily balance of asset(s)
Goldman Sachs	Not Available	Rate of 0.05% of average daily balance of asset(s)
Kinetics	13-3878346	Rate of 0.40% of average daily balance of asset(s)

SOLAIRUS AVIATION 401(K) PLAN
Information for Form 5500, Schedule C
For January 1, 2014 - December 31, 2014

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
Mairs & Power	23-2398112	Rate of 0.10% of average daily balance of asset(s)
Oakmark	04-3276558	Rate of 0.35% of average daily balance of asset(s)
Osterweis	94-2871718	Rate of 0.06% of average daily balance of asset(s)
Pacific Advisors Funds	95-4393390	Rate of 0.40% of average daily balance of asset(s)
Salient Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.25% of average daily balance of asset(s)
Sterling Capital Funds	56-1368984	Rate of 0.40% of average daily balance of asset(s)
Touchstone	31-0487145	Rate of 0.05% of average daily balance of asset(s)

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

Charles Schwab and Co, Inc. may also receive a periodic maintenance fee from various fund companies for Transaction Fee fund positions that are held at Schwab that averages $20 per account per impacted fund position per year. The estimated total earned for all accounts in your plan was $7.00 and is not included in the above formulas.

For more details, please refer to your Schwab service, trust or custody agreements.

If you need additional information, please contact your third party administrator or recordkeeper.

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