## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		t identification informatio								
For calendar plant	an year 2014 or	fiscal plan year beginning 01/01			//31/2015					
A This was to make		a single-employer plan				nis box must attach a list				
A This return/report is for:	report is for:	a one-participant plan	or participating empli	oyer information in accor	dance with the for	m instructions)				
<b>B</b> This return/report is		the first return/report	the final return/report							
D This return/it	eport is	an amended return/report		rn/report (less than 12 m	anths)					
		an amended return/report	a short plan year retu	m/report (less than 12 m	ioritris)					
C Check box i	if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter des	cription)							
Part II B	asic Plan Inf	ormation—enter all requested	information							
1a Name of pl		offiation—enter all requested	mormation		1b Three-digi	+				
		L, INC. CASH OR DEFERRED PI	ROFIT SHARING PLAN		plan numb					
					(PN) ▶	001				
					1c Effective d	late of plan 10/01/1991				
2a Plan spons	sor's name and a	address; include room or suite num	ber (employer, if for a single	e-employer plan)		Identification Number				
CONNECT-AIR INTERNATIONAL, INC.						91-1020751				
					<b>2c</b> Sponsor's	telephone number				
4240 B ST. N.W.	2004					53-813-5599				
AUBURN, WA 98	3001				2d Business code (see instructions					
3a Plan admir	nistrator's name	and address XSame as Plan Spo	nsor		<b>3b</b> Administra	334110 tor's FIN				
ou i iair aairiii	noticitor o riamo	and address Floams as Flam ope	11001.		- Administra	101 0 2114				
					3c Administra	tor's telephone number				
4 If the name	e and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	<b>4b</b> EIN					
		umber from the last return/report.			40.00					
a Sponsor's		ts at the beginning of the plan year			4c PN					
		0 0 1 7			5a	33				
		ts at the end of the plan year			5b	С				
		h account balances as of the end o			5c					
<b>d(1)</b> Total nu	umber of active p	articipants at the beginning of the	plan year		5d(1)	29				
<b>d(2)</b> Total nu	umber of active r	participants at the end of the plan y	rear		5d(2)					
		terminated employment during the				(				
less than 1	00% vested		. ,		5e					
		or incomplete filing of this retu								
		other penalties set forth in the instr and signed by an enrolled actuary								
	correct, and cor	,	, 40		., and to the poor					
31314	ed with authorize	d/valid electronic signature.	11/13/2015	SEAN MCCARTHY						
HERE Sig	gnature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator				
SIGN										
HERE Sig	gnature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor				
		name, if applicable) and address				hone number (optional)				

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								□ s	No No
	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 dete	rmined	1
Par			<u> </u>							
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End o	f Year	0	
	Total plan assets	7a	17467	81					0	
	Total plan liabilities	7b	17467	781	-				0	
	Net plan assets (subtract line 7b from line 7a)	7c		01	-		/b\ T	4-1		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	itai		
	(1) Employers	8a(1)	127	782						
	(2) Participants	8a(2)	330	)76						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	519	971						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						97	829	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18432	241						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g	13	369						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1844	610	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1746	781	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist		les in t	he instruction	ons:		
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				1500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?	Yes	s X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							_
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling	_

	F	form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)		12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding			Yes	No [	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Report	t Identification Information				<del> </del>			
For calend	dar plan year 2014 or f	fiscal plan year beginning 01/01/	/2015	and ending	07/31/2015				
<b>∆</b> This r	eturn/report is for:	X a single-employer plan		er plan (not multiemployer)					
A IIIISA	etultirieport is ior.	a one-participant plan	of participating em	nployer information in accord	dance with the form	instructions)			
B This re	eturn/report is	the first return/report	X the final return/report						
	····	an amended return/report		eturn/report (less than 12 m	nonths)				
<u> </u>		☐ Form 5558			·				
C Check	k box if filing under:		automatic extension	on	☐ DFVC pr	ogram			
		special extension (enter descri	. ,						
Part II		ormation—enter all requested info	ormation						
1a Name	•	1 190 040H OF DEFENDED DO			1b Three-digit	_			
CONNECT	-AIK INTERNATIONA	L, INC. CASH OR DEFERRED PRO	JFII SHARING PLAN		plan numbe (PN)	001			
					1c Effective da				
2a Plan	sponsor's name and a	ddress; include room or suite numbe	or (ampleyor if for a sin	rele complexes plan)	10/01/1991				
CONNECT	F-AIR INTERNATIONAL	L, INC.	si (employer, ii ioi a siii	igle-employer plan)	(EIN) 91-10	lentification Number 20751			
					<del></del>	elephone number			
4240 B ST.	. n.w.				(2	53) 813-5599			
ALIRI JRN 1	\A/A QROO1				2d Business code (see instructions) 334110				
AUBURN. WA 98001  3a Plan administrator's name and address X Same as Plan Sponsor.				-	3b Administrator's EIN				
						<del> </del>			
					3c Administrator's telephone number				
4 If the	name and/or EIN of th	ne plan sponsor has changed since t	the last return/report file	ed for this plan enter the	4b EIN	<del></del>			
name	e, EIN, and the plan nu	imber from the last return/report.	.He last totalistopolt m	su for tine plan, enter the					
<del></del> -	sor's name				4c PN	<del></del>			
_		s at the beginning of the plan year				33			
		s at the end of the plan year account balances as of the end of t				0			
comp	plete this item)		•••••	•••••	5c	0			
<b>d(1)</b> To	ital number of active pa	articipants at the beginning of the pla	an year		5d(1)	29			
<b>d(2)</b> To	otal number of active pa	articipants at the end of the plan yea	3r		5d(2)	0			
e Numb	er of participants that t	terminated employment during the p	lan year with accrued b	penefits that were	5e	0			
		or Incomplete filing of this return							
Under per	nalties of perjury and of	or Incomplete filing of this return ther penalties set forth in the instruc	tions, I declare that I ha	ave examined this return/re	port, including, if ar	oplicable, a Schedule			
SB or Sch	nedule MB completed a true, correct, and com	and signed by an enrolled actuary, a	s well as the electronic	version of this return/repon	t, and to the best o	f my knowledge and			
SIGN	X Sen McCo		1	x Sean Mc Ca	irthy				
HERE	Signature of plan a	administrator	Date	Enter name of individ		administrator			
SIGN									
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor			
Preparer's	s name (including firm i	name, if applicable) and address (in	clude room or suite nur	mber ) (optional)		one number (optional)			

6a 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	ole assets? (S	See instructions.)	nt (IO			<i></i>	X Yes	No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ns.)				•••••	Yes	☐ No				
	If you answered "No" to either line 6a or line 6b, the plan canr												
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)?		Yes	□No □ N	ot deterr	nined				
Par	t III Financial Information												
_7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	Year					
	Total plan assets	issets											
<u>b</u> _	Total plan liabilities	. 7b											
c	Net plan assets (subtract line 7b from line 7a)	. 7c	174678	1			0						
	Income, Expenses, and Transfers for this Plan Year						(b) Total						
	Contributions received or receivable from: (1) Employers	. 8a(1)	12782	12722									
	(2) Participants		33070		8				-				
	(3) Others (including rollovers)		-				7 2 3		-				
	Other income (loss)		5197 <sup>-</sup>	1									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							97829					
d	Benefits paid (including direct rollovers and insurance premiums				10	333		37023					
	to provide benefits)	. 8d	184324	1					ile I				
	Certain deemed and/or corrective distributions (see instructions)	. 8e											
	Administrative service providers (salaries, fees, commissions)												
	Other expenses		1369	9	35	T.			3.5				
	Total expenses (add lines 8d, 8e, 8f, and 8g)							844610					
	Net income (loss) (subtract line 8h from line 8c)			The			-	746781					
	Transfers to (from) the plan (see instructions)	- 8j						l Ling					
Par	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension												
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature codes	s from the List of Plan Charae	cterist	ic Cod	es in ti	ne instructions	): 					
10	During the plan year:				Yes No Amount								
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within t	the time period described in	10a		x							
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not inc	clude transactions reported										
	on line 10a.)			10b		Х		_					
c	Was the plan covered by a fidelity bond?	•••••		10c	Х				150000				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	i, that was caused by fraud	10d		х							
е	Were any fees or commissions paid to any brokers, agents, or other	ner persons l	by an insurance carrier.										
	insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		х							
f	Has the plan failed to provide any benefit when due under the pla					Х							
				10f		^							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		·	10g	Х				0				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х							
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i									
Part	VI Pension Funding Compliance								-				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	es," see instructions and com	plete	Sched	lule SE	(Form	Yes	∏ No				
11a	Enter the unpaid minimum required contribution for current year fi					11a			<del></del>				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	No No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								EN				
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortized	in this plan year, see instruc	ctions th_	, and e	nter th		letter rul ar	ing				
				_									

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and	1 ski	p to line 13.						·
	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 negative amount)	t (enter a minu	us siç	gn to the left of a		12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding						Ye	s	No	N/A
Part							<del></del>			
13a	Has a resolution to terminate the plan been adopted in any plan year?					X	Yes	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year						13a	T -			0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					er the o	the control X Yes				∏ No
c	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)								<u> </u>	<u>,                                    </u>
1	3c(1) Name of plan(s):				1:	3c(2) E	IN(s)		13c(3)	PN(s)
					_					
Part	VIII Trust Information (optional)					-				
14a Name of trust				14b Trust's EIN						