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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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;
- [ ] 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
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.	10/17/2016	MARK DENNEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	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)

Preparer's telephone number

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**	306
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)**	282
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	507
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	548
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	548
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	285
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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
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 & CO., INC.

94-1737782

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

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

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 WEALTH

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 50	NONE	38614	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN, INC.

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 37 50	NONE	22070	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARCUM LLP

11-1875323

(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?
10 50	NONE	12495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] 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)

CHARLES SCHWAB BANK

42-1558009

(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 21 25 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	7596	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 59	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 59	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.
ALLIANZ FUNDS 06-1349805	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
AMERICAN CENTURY INVESTMENTS 43-0821857	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
CALVERT INVESTMENTS 4550 MONTGOMERY AVE BETHESDA, MD 20814	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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 59	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.
COHEN & STEERS 14-1904657	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
DIMENSIONAL FUND ADVISORS 22-2370029	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
DREYFUS 225 LIBERTY STREET NEW YORK, NY 10286	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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 59	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.
FIRST EAGLE 13-3392291	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
IVY FUNDS 04-6006759	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
OAKMARK 04-3276558	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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 59	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.
T. ROWE PRICE 52-2264646	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
DOUBLELINE 333 S. GRAND AVE. 18TH FLOOR LOS ANGELES, CA 90071	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
GOLDMAN SACHS 555 CALIFORNIA STREET 45TH FLOOR SAN FRANCISCO, CA 94104	RATE OF 0.05% OF AVERAGE DAILY BALANCE OF ASSETS

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 59	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.
OAKMARK 04-3276558	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
OSTERWEIS 94-2871718	RATE OF 0.06% OF AVERAGE DAILY BALANCE OF ASSETS

(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 59	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.
SCHWAB FUNDS 94-3106735	RANGE OF 0.02 - 0.25% OF AVERAGE DAILY BALANCE OF ASSETS

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 59	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.
TOUCHSTONE 31-0487145	RATE OF 0.05% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 21 25 59 62	1214

(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.
OAKMARK 04-3276558	0

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 21 25 59 62	1748

(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.
SCHWAB FUNDS 94-3106735	0

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

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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

(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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
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	614	706
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	84076	148790
(2) Participant contributions	1b(2)	90065	122274
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	978793	983211
(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)	239514	428184
(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)	13492068	17297215
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1527580	1861695

			(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	16412710	20842075
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	564	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	564	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16412146	20842075

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)	1733092	
	(B) Participants	2a(1)(B)	2779039	
	(C) Others (including rollovers)	2a(1)(C)	2624462	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7136593
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	15999	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15999
	(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)	856801	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		856801
	(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)		-1065185
c Other income	2c		-65997
d Total income. Add all **income** amounts in column (b) and enter total	2d		6878211
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2374118	
(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)		2374118
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)	35550	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	38614	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		74164
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2448282
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4429929
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	N/A	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	N/A	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				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

SOLAIRUS AVIATION 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

FOR THE YEAR ENDED DECEMBER 31, 2015

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, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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, 2015 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 17, 2016

SOLAIRUS AVIATION 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
Assets		
Investments at fair value	$ 20,140,931	$ 15,978,064
Receivables		
Notes receivable from participants	428,184	239,514
Employer contribution	148,790	84,076
Participants' contributions	122,274	90,065
Total Receivables	699,248	413,655
Cash	1,896	20,991
Total Assets	20,842,075	16,412,710
Liabilities		
Excess contributions payable	1,100	564
Total Liabilities	1,100	564
Net Assets Available for Benefits	$ 20,840,975	$ 16,412,146

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, 2015

Additions to Net Assets Attributed to:		
Contributions		
Participants	$ 2,777,939	
Employer	1,733,092	
Rollovers	2,624,462	
Total Contributions		$ 7,135,493
Investment Income (Loss)		
Dividend and interest income	908,302	
Net depreciation in fair value of investments	(1,182,683)	
Total Investment Income (Loss)		(274,381)
Interest Income on Notes Receivable from Participants		15,999
Total Additions		6,877,111
Deductions From Net Assets Attributed to:		
Benefits paid to participants	2,374,118	
Administrative expenses	74,164	
Total Deductions		2,448,282
Net Increase in Net Assets Available for Benefits		4,428,829
Net Assets Available for Benefits - Beginning		16,412,146
Net Assets Available for Benefits - Ending		$ 20,840,975

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

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 Sunset Aviation, LLC d.b.a. 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, 2015 to bring the plan into compliance with the Pension Protection Act of 2006 ("PPA") and other legislative and regulatory changes. 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. Supplemental employees paid on a per diem or hourly basis who attain a year of service for eligibility purposes in the initial eligibility Computation Period will become eligible and enter the Plan on the first day of the month following attainment of One Year of Service. Supplemental employees paid on a per diem or hourly basis who attain a Year of Service in a subsequent Eligibility Computation Period will become eligible and enter the Plan on the next January 1st following attainment of One Year of Service.

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 $18,000 in 2015 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 $6,000 in 2015. 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, 2015.

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, 2015 and 2014. No forfeitures were used for year ended December 31, 2015.

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 15 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, 2015 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

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2016, and interim periods within those fiscal years, for non-public entities. A reporting entity should apply these amendments retrospectively to all periods presented. The retrospective approach requires that an investment for which fair value is measured using the net asset value per share practical expedient be removed from the fair value hierarchy in all periods presented in an entity's financial statements. Earlier application is permitted. The Plan does not expect the adoption of this ASU to have any material effect on the Plan's financial statements.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement date Practical Expedient.* Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NEW ACCOUNTING PRONOUNCEMENTS (CONTINUED)

type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan assets. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Parts I and III are not applicable to the Plan. Management has elected to adopt Part II early on December 31, 2014 and the disclosures are reflected in these financial statements.

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 reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. See Note 3 for fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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. Net depreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year

PAYMENTS OF BENEFITS

Benefits are recorded when paid.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

REVENUE SHARING AGREEMENT

Milliman, Inc, the plan's recordkeeper, may receive revenue sharing payments from mutual funds in which Plan assets are invested, either directly or indirectly from alliance organizations. The administrative services agreement between the Plan and Milliman provides that to the extent revenue sharing payments received by Milliman exceed administrative fees charged to the Plan by Milliman, the excess will be credited to the Plan. For 2015, approximately $25,900 was credited to the Plan under this agreement.

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 17, 2016, the date the financial statements were available to be issued, and no events have occurred that required adjustments or disclosure in these financial statements.

RECLASSIFICATION

Certain amounts in the comparative totals for 2014 have been reclassified to conform to the 2015 presentation. The disclosures are related to the new accounting pronouncements mentioned above. These reclassifications have no effect on previously reported net assets available for benefits or net change in net assets available for benefits.

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.

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, 2015 and 2014:

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.

NOTE 3 - FAIR VALUE OF INVESTMENTS (CONTINUED)

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.

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.

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, 2015:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Financial Assets:				
Mutual funds	$17,713,554	$ --	$ --	$17,713,554
Money market funds	1,424,518	--	--	1,424,518
Common stock	707,345	--	--	707,345
Unit investment trust	284,944	--	--	284,944
Partnership	10,570	--	--	10,570
Total Investments at Fair Value	$20,140,931	$ --	$ --	$20,140,931

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
Money market funds	1,169,744	--	--	1,169,744
Common stock	644,582	--	--	644,582
Unit investment trust	235,292	--	--	235,292
Preferred stock	27,444	--	--	27,444
Partnership	1,537	--	--	1,537
Total Investments at Fair Value	$15,978,064	$ --	$ --	$ 15,978,064

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, 2015 and 2014.
- All amounts included as cash and notes receivable from participants in the Statements of Net Assets available for Benefits as of December 31, 2015 and 2014.
- Investment income and net depreciation in fair value of investment amounts included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015.
- 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, 2015.
- All amounts included in the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015.

NOTE 5 - TAX STATUS

Effective January 1, 2015, the Plan was amended and restated as a Volume Submitter Plan sponsored by Milliman, Inc. The Volume Submitter Plan provider obtained its latest advisory letter on March 31, 2014, in which the Internal Revenue Service ("IRS") stated that the form of the Volume Submitter Plan, as then designed, was in compliance with the applicable requirements of the Code. 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. The Plan administrator and trustee intend to amend the Plan on a timely basis to comply with all applicable, recently adopted tax laws and regulations.

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, 2015 and 2014, 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 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, 2015, which are prohibited by ERISA Sections 406 and 407 and for which no statutory or administrative exemption exists.

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits at December 31, 2015 and 2014 from the financial statements to the Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$ 20,840,975	$ 16,412,146
Add: excess contributions payable	1,100	564
Net Assets Available for Benefits per Form 5500	$ 20,842,075	$ 16,412,710

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of employee contributions per the financial statements for the year ended December 31, 2015, to the Form 5500:

Employee contributions per the financial statements	$ 2,777,939
Add: excess contributions payable, December 31, 2015	1,100
Employee Contributions Per the Form 5500	$ 2,779,039

SOLAIRUS AVIATION 401(k) PLAN

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

EIN: 80-0319107
PN: 001

December 31, 2015

(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	**	$ 2,569,626
*	Mutual Fund	Schwab Target 2030 Fund	**	1,542,034
	Mutual Fund	Vanguard Intermediate Term Investor Grade Index	**	1,269,391
	Mutual Fund	DFA US Large Cap Value Port Instl	**	1,182,553
	Mutual Fund	Oakmark International Fund I	**	1,032,609
*	Mutual Fund	Schwab Target 2040 Fund	**	926,974
*	Mutual Fund	Schwab Target 2020 Fund	**	825,923
	Mutual Fund	American Century Govt Bond Fund Inv	**	780,649
	Mutual Fund	DFA U.S. Targeted Value Port CL R1	**	749,669
	Mutual Fund	Dreyfus Midcap Index Fund	**	686,815
	Mutual Fund	Cohen & Steers Realty Shares	**	676,271
	Mutual Fund	T Rowe Price New America Growth Adv	**	673,037
	Mutual Fund	Oakmark Equity Income FD I	**	665,187
	Mutual Fund	First Eagle Overseas Fund A	**	664,094
	Mutual Fund	Vanguard Small Cap Growth Index	**	567,739
	Mutual Fund	Vanguard Total International Bond Index	**	431,923
	Mutual Fund	DFA Emrg Mkts Value Port Cl R2	**	413,240
	Mutual Fund	DFA Inflation Protected Securities	**	370,158
	Mutual Fund	Dreyfus Small Cap Stock Index	**	320,447
	Mutual Fund	Ivy Mid Cap Growth Fund CL Y	**	287,035
*	Mutual Fund	Schwab Target 2025 Fund	**	266,374
*	Mutual Fund	Schwab Target 2035 Fund	**	149,252
	Mutual Fund	Oakmark Global Fund CL I	**	69,771
	Mutual Fund	Doubleline Total Returned FD CL I	**	68,291
*	Mutual Fund	Schwab Target 2050 Fund	**	63,433

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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, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Mutual Fund	Schwab Target 2010 Fund	**	57,895
	Mutual Fund	Osterweis Strategic Income Fund	**	48,959
*	Mutual Fund	Schwab Target 2045 Fund	**	48,215
*	Mutual Fund	Schwab Target 2015 Fund	**	43,932
	Mutual Fund	Calvert Equity Portfolio CL A	**	38,002
	Mutual Fund	DFA Intl Core Eqty Port Instl	**	36,095
	Mutual Fund	DFA US Core Eqty 1 Port Instl	**	32,550
	Mutual Fund	Litman Gregory Mstrs Alt Strat Instl	**	22,431
	Mutual Fund	Litman Gregory Masters Intl Fd Inst	**	19,620
	Mutual Fund	DFA Emerg Mkts Core Eqty Port Instl	**	18,055
	Mutual Fund	DFA Continental Small Co Fd Instl	**	16,565
	Mutual Fund	DFA US Targeted Value Port Instl	**	13,689
	Mutual Fund	DFA US Small Cap Port Instl	**	10,534
	Mutual Fund	Allianzgi Conv & Income	**	10,313
*	Mutual Fund	Schwab Mkttrk All Equity Inv	**	9,586
	Mutual Fund	Goldman Sachs Strategic	**	8,751
*	Mutual Fund	Schwab Core Equity Fund	**	5,109
*	Mutual Fund	Schwab Health Care Fund	**	4,906
*	Mutual Fund	Schwab Target 2055 Fund	**	4,857
	Mutual Fund	Touchstone Sands Capital Instl Growt	**	4,654
*	Mutual Fund	Schwab Balanced Fund I	**	2,808
*	Mutual Fund	Schwab Small Cap Index Select	**	2,454
	Mutual Fund	Firsthand Tech Value FD Inc	**	1,079
	Total Mutual Funds			17,713,554

(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, 2015

(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	**	983,211
*	Money Market Fund	Schwab Money Market Fund	**	439,944
*	Money Market Fund	Schwab Government Money Fund	**	1,363
	Total Money Market Funds			1,424,518
	Common Stock	American Airlines Group	**	64,287
	Common Stock	Jetblue Airways Corp	**	45,866
	Common Stock	Apple Inc	**	43,784
	Common Stock	Alaska Air Group Inc	**	40,360
	Common Stock	Berkshire Hathaway B New	**	39,612
	Common Stock	Southwest Airls Co	**	32,295
	Common Stock	Exxon Mobil Corporation	**	23,385
	Common Stock	Pfizer Incorporated	**	21,047
	Common Stock	Ford Motor Company New	**	20,276
	Common Stock	Vertitiv Corp	**	16,480
	Common Stock	Weyerhaeuser Co	**	16,201
	Common Stock	Home Depot Inc	**	16,135
	Common Stock	Walt Disney Co	**	15,447
	Common Stock	Boeing Co	**	15,217
	Common Stock	Workday Inc	**	12,749
	Common Stock	Bank of America Corp	**	12,254
	Common Stock	Eli Lilly & Company	**	11,796
	Common Stock	Raytheon Company New	**	11,332
	Common Stock	Hilton Worldwide Hld	**	10,700

(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, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock		Royal Caribbean Cruises Ltd	**	10,121
Common Stock		American Capital Agency	**	10,024
Common Stock		Verizon Communications	**	9,676
Common Stock		Citigroup Inc	**	8,849
Common Stock		Johnson & Johnson	**	8,637
Common Stock		Altria Group Inc	**	8,161
Common Stock		HSBC Holdings Plc ADR New	**	8,012
Common Stock		Salesforce Com	**	7,840
Common Stock		ITT Edl Svcs Inc	**	7,833
Common Stock		Du Pont E I DE Nemours&CO	**	7,788
Common Stock		SAP AG ADR	**	7,277
Common Stock		First Intst Bancsyst	**	6,845
Common Stock		Reckitt Benckiser Adr F	**	6,147
Common Stock		Kinder Morgan Hold Co LLC	**	5,968
Common Stock		Trinseo S.A.	**	5,640
Common Stock		Oracle Corporation	**	5,589
Common Stock		Cedar Fair L P	**	5,584
Common Stock		Symantec Corp	**	5,538
Common Stock		Alcoa Inc	**	5,157
Common Stock		Visa Inc Cl A	**	4,886
Common Stock		Trinity Inds Inc	**	4,804
Common Stock		Cheniere Energy Partners L P	**	4,675
Common Stock		Luxottica Group S P AADR	**	4,670
Common Stock		Smith & Wesson Hldg Corp	**	4,396
Common Stock		Schlumberger Ltd	**	4,185

(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, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock		Genpact Limited	**	3,747
Common Stock		Freeport McMoran Inc	**	3,729
Common Stock		General Motors Co	**	3,667
Common Stock		E O G Resources Inc	**	3,573
Common Stock		GoPro Inc	**	3,476
Common Stock		Amazon Com Inc	**	3,379
Common Stock		BP PLC F	**	3,278
Common Stock		Alphabet Inc	**	3,112
Common Stock		Nordic American Tanker Shipp	**	3,108
Common Stock		Silicom Limited	**	3,030
Common Stock		Exact Sciences Corp	**	2,769
Common Stock		Western Refining Inc	**	2,750
Common Stock		Superior Energy Svcs Inc	**	2,744
Common Stock		Chevron Corporation	**	2,609
Common Stock		Wells Fargo & Co	**	2,555
Common Stock		Taiwan Semiconductor Mfg Co Adr	**	2,275
Common Stock		Michaels Companies I	**	2,211
Common Stock		Pioneer Energy Services	**	2,170
Common Stock		Pertroleo Brasileiro ADRF	**	2,150
Common Stock		Frontier Communications Corp	**	2,122
Common Stock		Quintiles Transnational	**	1,717
Common Stock		Moneygram Intl Inc New	**	1,568
Common Stock		Cheniere Energy Inc New	**	1,527
Common Stock		Annaly Mtg Mgmt Inc	**	1,498
Common Stock		Sprint Corporation	**	930

(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, 2015

	(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Common Stock	LinnCO LLC	**	904
		Common Stock	Hovnanian Enterprises Inc	**	887
		Common Stock	Snap Interactive Inc	**	825
		Common Stock	Linn Energy	**	729
		Common Stock	Energy XXI LTD New	**	404
		Common Stock	Emerald Oil Inc	**	221
		Common Stock	Chemours Co	**	124
		Common Stock	Magnum Hunter Resour	**	32
		Total Common Stock			707,345
		Unit Investment Trust	Ishares S&P US PFD Fund	**	38,263
		Unit Investment Trust	Energy Select Sector SPDR ETF	**	24,881
		Unit Investment Trust	Powershares QQQ Trust Ser 1	**	18,398
		Unit Investment Trust	JP Morgan Alerian MLP ETN	**	16,165
		Unit Investment Trust	CS FI Enhanced ETN	**	15,406
		Unit Investment Trust	Guggenheim ETF S&P Midcap 400 Pure	**	13,574
		Unit Investment Trust	Health Care Select Sector SPDR ETF	**	13,401
		Unit Investment Trust	Vanguard Total Stock Mkt	**	11,906
		Unit Investment Trust	Utilities Select Sector SPDR ETF	**	11,137
*		Unit Investment Trust	Schwab US Scap ETF	**	10,758
*		Unit Investment Trust	Schwab US Lcap ETF	**	10,604
		Unit Investment Trust	Yorkville High Inc	**	9,775
		Unit Investment Trust	Ishares S&P 500 GROWTH	**	9,610
		Unit Investment Trust	Market Vectors ETF TR	**	9,547
		Unit Investment Trust	Powershares Dynamic Pharm ETF	**	9,386

(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, 2015

	(b) Identity of Issuer, Borrower, (a) Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Unit Investment Trust	ETFIS SER TR I ETF	**	9,365
	Unit Investment Trust	Purefunds ISE Cyber Security ETF	**	8,547
	Unit Investment Trust	Powershs Exch Trad FD TR	**	7,524
	Unit Investment Trust	Wisdomtree Trust Midcap	**	7,487
	Unit Investment Trust	First Trust Dow Jones Internet ETF	**	7,461
	Unit Investment Trust	Ishares US Aero & DEF Indx	**	6,054
	Unit Investment Trust	Vanguard Reit	**	6,032
	Unit Investment Trust	Powershares ETF	**	3,904
	Unit Investment Trust	Powershs Exch Trad F	**	3,644
*	Unit Investment Trust	Schw US Lcap Growth ETF	**	2,097
	Unit Investment Trust	Wisdomtree Hi Yield Eqty	**	18
	Total Unit Investment Trust			284,944
	Partnership	KKR & Co LP	**	10,570
	Total Investments			$ 20,140,931
*	Notes Receivable from Participants	Participants' loans bearing interest at 5.25% per annum and maturity dates ranging between April 2016 to November 2030.		428,184
	Total Investments and Notes Receivable from Participants			$ 20,569,115

* 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

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

EIN: 80-0319107
PN: 001

December 31, 2015

	(b) Identity of Issuer, Borrower, (a) Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock	LinnCO LLC	**	904
	Common Stock	Hovnanian Enterprises Inc	**	887
	Common Stock	Snap Interactive Inc	**	825
	Common Stock	Linn Energy	**	729
	Common Stock	Energy XXI LTD New	**	404
	Common Stock	Emerald Oil Inc	**	221
	Common Stock	Chemours Co	**	124
	Common Stock	Magnum Hunter Resour	**	32
	Total Common Stock			707,345
	Unit Investment Trust	Ishares S&P US PFD Fund	**	38,263
	Unit Investment Trust	Energy Select Sector SPDR ETF	**	24,881
	Unit Investment Trust	Powershares QQQ Trust Ser 1	**	18,398
	Unit Investment Trust	JP Morgan Alerian MLP ETN	**	16,165
	Unit Investment Trust	CS FI Enhanced ETN	**	15,406
	Unit Investment Trust	Guggenheim ETF S&P Midcap 400 Pure	**	13,574
	Unit Investment Trust	Health Care Select Sector SPDR ETF	**	13,401
	Unit Investment Trust	Vanguard Total Stock Mkt	**	11,906
	Unit Investment Trust	Utilities Select Sector SPDR ETF	**	11,137
*	Unit Investment Trust	Schwab US Scap ETF	**	10,758
*	Unit Investment Trust	Schwab US Lcap ETF	**	10,604
	Unit Investment Trust	Yorkville High Inc	**	9,775
	Unit Investment Trust	Ishares S&P 500 GROWTH	**	9,610
	Unit Investment Trust	Market Vectors ETF TR	**	9,547
	Unit Investment Trust	Powershares Dynamic Pharm ETF	**	9,386

(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, 2015

	(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Unit Investment Trust	ETFIS SER TR I ETF	**	9,365
		Unit Investment Trust	Purefunds ISE Cyber Security ETF	**	8,547
		Unit Investment Trust	Powershs Exch Trad FD TR	**	7,524
		Unit Investment Trust	Wisdomtree Trust Midcap	**	7,487
		Unit Investment Trust	First Trust Dow Jones Internet ETF	**	7,461
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See accompanying independent auditors' report