Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2215

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part	I Annual Repor	rt Identification Information	1				
For cal	endar plan year 2015 or	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015			
A Thi	s return/report is for:	a single-employer plana one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan			ιа	
B This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 me	onths)			
C Che	eck box if filing under:	X Form 5558	automatic extension	DFV	/C program		
		special extension (enter desc	ription)	_			
Part	II Basic Plan Inf	formation—enter all requested in	formation				
1a Na	me of plan	NC. RETIREMENT SAVINGS PLAN		1b Three-diplan nur (PN) ▶			
				1c Effective	e date of plan 01/01/2001		
Ma	ailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C		2b Employe (EIN)	er Identification Number 47-1949578	эr	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPACEFLIGHT INDUSTRIES, INC.				2c Sponsor	Sponsor's telephone number 206-438-0607		
	16TH STREET, SUITE ² A, WA 98168-1978	123		2d Business	s code (see instruction 336410	ıs)	
3a Pla	an administrator's name	and address XSame as Plan Spon	sor.	3b Administ	trator's EIN trator's telephone num	nber	
		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	91-2103138		
a Sp	onsor's name ANDREW	S SPACE, INC.		4c PN	001		
5a ⊤o	otal number of participan	ts at the beginning of the plan year.		5a		46	
		· ·		5b		84	
			the plan year (defined benefit plans do not	5c		60	
			lan year	5d(1)		35	
			ear	5d(2)		66	
e N	umber of participants that	at terminated employment during the	e plan year with accrued benefits that were less	5e		6	
			n/report will be assessed unless reasonable cau				
SB or S	Schedule MB completed	and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/repas well as the electronic version of this return/report				
belief,	t is true, correct, and cor	mplete.					

10/17/2016

Date

Date

DEBRA SOWDER

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF 2015		Page 2							
6a Were all of the plan's assets during the plan year inv b Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on wa If you answered "No" to either line 6a or line 6b,	and report of an inde aiver eligibility and cor	pendent qualified public anditions.)	ccount	ant (IQ	PA)				Yes N
C If the plan is a defined benefit plan, is it covered under	er the PBGC insuranc	e program (see ERISA se	ection 4	021)?		Yes	No	No	t determined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) Er	d of Y	
a Total plan assets			2209	9596					2610613
b Total plan liabilities			2200	VEOC					2640642
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Ama-	2209	1390	-		/ -	\ Total	2610613
a Contributions received or receivable from:		(a) Amou	ınt				a)) Total	J
(1) Employers	8a(1)	100	658					
(2) Participants	8a(2)	346	665					
(3) Others (including rollovers))		937					
b Other income (loss)			-24	274					457000
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). d Benefits paid (including direct rollovers and insurance									457986
to provide benefits)	'		36	339					
e Certain deemed and/or corrective distributions (see i	nstructions) 8e		3	8003					
f Administrative service providers (salaries, fees, com	missions) 8f		17	7627					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)									56969
i Net income (loss) (subtract line 8h from line 8c)									401017
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j								
9a If the plan provides pension benefits, enter the appli 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applic Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		An	nount
Was there a failure to transmit to the plan any particle described in 29 CFR 2510.3-102? (See instruction Program)	s and DOL's Voluntar	y Fiduciary Correction	10a		X				
b Were there any nonexempt transactions with any preported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?									50000
d Did the plan have a loss, whether or not reimbursed			10c	X					50000
by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization tha the plan? (See instructions.)	t provides some or all	of the benefits under	10e	X					1305 ⁻
f Has the plan failed to provide any benefit when due	under the plan?		10f		X				
g Did the plan have any participant loans? (If "Yes," e	enter amount as of yea	ar end.)	10g	X					1857
h If this is an individual account plan, was there a bla 2520.101-3.)			10h		X				
i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29			10i						
j Did the plan trust incur unrelated business taxable	income?		10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum fur 5500) and line 11a below)									Yes X N
11a Enter the unpaid minimum required contribution for	all years from Sched	ule SB (Form 5500) line 4	0			11a		<u> </u>	
12 Is this a defined contribution plan subject to the mir	nimum funding require	ements of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	[L	Yes X N

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	Name of trustee of custodian				telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b 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).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

-	calendar plan year 2015 or fi	t Identification Information	01/01/2015 and ending	12/31/20	115					
-01	calendar plan year 2015 of h									
Α	This return/report is for:		a multiple-employer plan (not multiemployer) (a list of participating employer information in a a foreign plan							
В	This return/report is:	the first return/report	the final return/report							
_	This return report is.	an amended return/report	a short plan year return/report (less than 12 months)							
		an amended return/report	a short plan year return/report (less than 12 in	ionins)						
С	Check box if filing under:	x Form 5558 special extension (enter desci	automatic extension	DFVC	program					
-		ormation enter all requested	information	45 "	1					
1a	Name of plan			1b Three-dig						
	Spaceflight Indust	ries, Inc. Retirement S	avings Plan & Trust	(PN) ▶	001					
				1c Effective 01/01/						
2a	Mailing Address (include ro	loyer, if for a single-employer plan)			Identification Number 7–1949578					
	and the control of th		tal code (if foreign, see instructions)	2c Sponsor's telephone number						
	Spaceflight Indust	ries, inc.			438-0607					
				2d Business	code (see instructions)					
	3415 S 116th Stree	t, Suite 123		336410						
	US Tukwila WA 98168-197	78								
3a		and address X Same as Plan Sp	onsor Name	3b Administr	ator's EIN					
		Security Addition (Market Control of the Control of								
				3c Administr	ator's telephone number					
				JC Administr	ator's telephone number					
4	If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for this plan, enter the	4b EIN 91-	-2103138					
	name, EIN, and the plan nu	imber from the last return/report.		1000,11,000,000,000						
a	Sponsor's name Andrew	s Space, Inc.		4c PN 003	1					
5a	Total number of participants	s at the beginning of the plan year		5a	46					
b	Total number of participants	s at the end of the plan year		5b	84					
С			the plan year (defined benefit plans do not	5c	60					
d	(1) Total number of active pa	articipants at the beginning of the pla	an year	5d(1)	35					
d	(2) Total number of active na	articipants at the end of the plan yea	ir.	5d(2)	66					
u			plan year with accrued benefits that were	3u(2)						
е				5e	6					
<u> </u>			n/report will be assessed unless reasonable cau	iso is ostablish	od					
			actions, I declare that I have examined this return/rep							
			as well as the electronic version of this return/report							
	lief, it is true, correct, and cor		^ /							
6	MILLA	May V	Dersa Sou	sdev						
	IGN Signature of plan add	di international di int	- In 17-11-		a alusini atuata v					
<u>u</u>	ERE Signature of plan add	ministrator			administrator					
S	IGN VVV	1	1711	while						
	ERE Signature of employe	AT A DATE OF THE STATE OF THE S	Date DATA Enter name of individua		The second secon					
Pr	eparer's name (including firm	name, if applicable) and address; in	nclude room or suite number	Preparer's telep	phone number					

	Form 5500-SF 2015		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	•••••			•••••	•••••	X Yes No
_	Are you claiming a waiver of the annual examination and report of ar	`	,	ıntant	(IQP	۹)			
1	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.)					•••••	X Yes No
I	f you answered "No" to either line 6a or line 6b, the plan cannot	t use Forn	n 5500-SF and must inst			_			
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	n 402	1)?	••••••	Yes	∐ No	Not determined
Pa	rt III Financial Information					_			
	Plan Assets and Liabilities	_	(a) Beginning of					(b) End of	
	Total plan assets	7a	2,20)9,5	96				2,610,613
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	2,20	10 5	06	+			2,610,613
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		90			(b) To	
а	Contributions received or receivable from:		`,					(1)	
	(1) Employers	8a(1)		00,6 16,6					
	(2) Participants	8a(2)		34,9					
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		1,27					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	,	,					457,986
d	Benefits paid (including direct rollovers and insurance premiums	0.1		36,3	20				
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	-	3,0					
	Administrative service providers (salaries, fees, commissions)	8f	1	L7,6					
-	Other expenses	8g		. , .					
•	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							56,969
i	Net income (loss) (subtract line 8h from line 8c)	8i							401,017
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Ch	naract	eristic	Code	s in the	instruction	ns:
_	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Codes	in the i	nstructions	S:
	rt V Compliance Questions				V	I	N1/A		\
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contributi	ions within	the time period		Yes	NO	N/A	<i>F</i>	Amount
<u> </u>	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		·						
	Program)	-	-	10a		х			
b	Were there any nonexempt transactions with any party-in-interest?			106		x			
	reported on line 10a.)			10b 10c					500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f			100	Λ				300,000
	by fraud or dishonesty?	-		10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other								
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e	x				13,051
f	Has the plan failed to provide any benefit when due under the plan	1?	•••••	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x				18,575
	If this is an individual account plan, was there a blackout period? (\$		·	109					10,373
	2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i					
j	Did the plan trust incur unrelated business taxable income?	•••••	••••••	10j					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								Yes X No
11a	Enter the unpaid minimum required contribution for current year fro				•••••		11a		
12	Is this a defined contribution plan subject to the minimum funding r		· , , , , , , , , , , , , , , , , , , ,)2 of ER	ISA?	Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Month	ctions, and e		of the letter ruling Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		~,				
b Enter the minimum required contribution for this plan year	•••••	12b				
c Enter the amount contributed by the employer to the plan for this plan year	••••••	12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A			
Part VII Plan Terminations and Transfers of Assets	•••••••••	163	INO IN/A			
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		<u> </u>				
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)			
Part VIII Trust Information						
14a Name of trust		14b Trust's	EIN			
14c Name of trustee or custodian		14d Trustee telephone	or custodian's number			
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan:	•••••	Yes	☐ No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test			
15c If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No			
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A			
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See			
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS opinion or			
advisory letter, enter the date of that favorable letter / / . and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No			
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No			
If Yes, enter amount	••••••	19				
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A			