Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a one-participant plan
- [ ] a foreign plan

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AERO PRECISION REPAIR AND OVERHAUL CO., INC. RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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)
AERO PRECISION REPAIR AND OVERHAUL CO., INC.

580 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

2b Employer Identification Number (EIN) 65-0160974

2c Sponsor's telephone number 954-428-9500

2d Business code (see instructions) 811490

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.
a Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	117
b Total number of participants at the end of the plan year	**5b**	125
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	77
d(2) Total number of active participants at the end of the plan year	**5d(2)**	82
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	2

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2017	STEPHANE ROLLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Preparer's telephone number

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	8215034	8980071
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	8215034	8980071
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	340000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	764300	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1104300
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	287854	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	51409	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		339263
i Net income (loss) (subtract line 8h from line 8c)	8i		765037
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3H

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

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			25000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	[X] Yes [ ] No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	**11a** 0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	[ ] Yes [X] No
a	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 letter ruling granting the waiver. Month _____ Day _____ 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 of a negative amount)	**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

13a	Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

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's or custodian's telephone number

Part IX IRS Compliance Questions

15a	Is the plan a 401(k) plan? If "No," skip b.	[ ] Yes [ ] No
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	[ ] Design-based safe harbor [ ] "Prior year" ADP test [ ] "Current year" ADP test [ ] N/A
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	[ ] Ratio percentage test [ ] Average benefit test [ ] N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	[ ] Yes [ ] No

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	[ ] Yes [ ] No
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	[ ] Yes [ ] No

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AERO PRECISION REPAIR AND OVERHAUL CO., INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AERO PRECISION REPAIR AND OVERHAUL CO., INC.

D Employer Identification Number (EIN)
65-0160974

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	8215034
b Actuarial value	**2b**	8215034

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	20	2687003	2687003
b For terminated vested participants	20	758803	758803
c For active participants	77	4291464	4406163
d Total	117	7737270	7851969

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.16 %
6 Target normal cost	**6**	315528

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	07/19/2017 Date
LAURA S. STEWART, F.S.A., E.A. Type or print name of actuary	17-06964 Most recent enrollment number
BRYAN,PENDLETON,SWATS & MCALLISTER Firm name	615-665-1640 Telephone number (including area code)
5301 VIRGINIA WAY, SUITE 400 BRENTWOOD, TN 37027 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	996828	2041491
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	996828	2041491
10	Interest on line 9 using prior year's actual return of -1.88%	-18740	-38380
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1771
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.35 %		112
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1883
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	978088	69653
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1933458

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	104.62%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.93%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2016	85000	0			
07/15/2016	85000	0			
10/12/2016	85000	0			
12/14/2016	85000	0			
			Totals ► 18(b)	340000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	327161

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	315528
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	315528

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	315528
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	327161
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	11633
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB, line 26 – Schedule of Active Participant Data

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001
Plan Year: 2016

Distribution of Active Participants

	Years of Credited Service										
Attained Age	**Under 1**	**1 – 4**	**5 – 9**	**10 – 14**	**15 – 19**	**20 – 24**	**25 – 29**	**30 – 34**	**35 – 39**	**Over 39**	**Total**
Under 25		4									**4**
25 – 29		2	1								**3**
30 – 34		3	3	1							**7**
35 – 39		2	1	3							**6**
40 – 44		1	1	1							**3**
45 – 49		4	4	5	4	2	1				**20**
50 – 54		1	2	1	2	2					**8**
55 – 59		1	1	4	3	1	2	1			**13**
60 – 64		1		2	1	1	1				**6**
65 – 69				1	1	1	3				**6**
Over 69					1						**1**
Total		**19**	**13**	**18**	**12**	**7**	**7**	**1**			**77**

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001
Plan Year: 2016

Summary of Actuarial Assumptions

Interest Rates

Minimum Funding: (adjusted under MAP-21 as amended by HATFA)	4.43% for the first 5 years; 5.91% for the next 15 years; and 6.65% thereafter
Maximum and PBGC: (prior to MAP-21)	1.34% for the first 5 years; 4.03% for the next 15 years; and 5.06% thereafter
ASC 960:	8.00% per year

Salary Increases

4.00% per year

Mortality Rates

Funding and PBGC: IRS 2016 Static Mortality Table with mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants

ASC 960: RP-2014 Employee and Healthy Annuitants Generational Mortality Tables Projected with Improvement Scale MP-2015

Withdrawal Rates (per 1,000 lives)

Incidence rates—estimated experience for males and females

Age	Rate
20	79
25	77
30	72
35	63
40	52
45	40
50	26

55	9
60	1
65	0

Disability Rates (per 1,000 lives)

None assumed

Recovery/Death Rate

None assumed

Rates of Retirement

Eligible participants are assumed to retire based on the following:

Age	Rate
55 – 58	2%
59 – 61	5%
62	20%
63 – 64	5%
65	100%

Commencement Dates and Forms of Payment

Retiring participants are assumed to elect an immediate life annuity.

Terminating participants are assumed to elect a life annuity commencing on their Normal Retirement Date.

Inactive participants who are entitled to future benefits are assumed to elect a life annuity on their Normal Retirement Date.

Spouses of deceased employees are assumed to elect a Life Annuity commencing on the participant's Normal Retirement Date.

Percentage Married

80% of participants are assumed to be married with husbands assumed to be 3 years older than wives.

Mortality Improvement

The mortality tables for Funding purposes include mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants. Weighting factors are applied to the non-annuitant and annuitant tables to create the combined mortality table in accordance with IRS regulations.

The mortality tables for ASC 960 are projected with Improvement Scale MP-2015.

Social Security National Average Wages

National Average Wages are assumed to remain at their current levels.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Expenses

None assumed.

Summary of Actuarial Methods

Actuarial Cost Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant proposed regulations. This method is prescribed for funding, PBGC, and ASC 960 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

As selected by the plan sponsor, the actuarial value of assets is equal to the market value of assets as of the valuation date.

Miscellaneous

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

No liability is included for any participants who have not attained one year of service.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AERO PRECISION REPAIR AND OVERHAUL CO., INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AERO PRECISION REPAIR AND OVERHAUL CO., INC.

D Employer Identification Number (EIN)
65-0160974

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	8,215,034
b Actuarial value	**2b**	8,215,034

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	20	2,687,003	2,687,003
b For terminated vested participants	20	758,803	758,803
c For active participants	77	4,291,464	4,406,163
d Total	117	7,737,270	7,851,969

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.16%
6 Target normal cost	**6**	315,528

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

LSS

Signature of actuary

07/19/2017
Date

LAURA S. STEWART, F.S.A., E.A.
Type or print name of actuary

1706964
Most recent enrollment number

BRYAN, PENDLETON, SWATS & MCALLISTER
Firm name

615-665-1640
Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400

BRENTWOOD TN 37027
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	996,828	2,041,491
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	996,828	2,041,491
10	Interest on line 9 using prior year's actual return of -1.88%	-18,740	-38,380
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,771
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.35%		112
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,883
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	978,088	69,653
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,933,458

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	104.62%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.93%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2016	85,000	0			
07/15/2016	85,000	0			
10/12/2016	85,000	0			
12/14/2016	85,000	0			
			Totals ► 18(b)	340,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	327,161

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43 %	5.91 %	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	315,528
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	315,528

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	315,528
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	327,161
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	11,633
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001

Attachment to 2016 Form 5500
Schedule SB line 22 - Description of Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)
Age	Assumed Rate of Retirement	Sample Population	Number Retiring (B) x (C)	Weighted Average Retirement Age (A) x (D)
55	2%	30,000	600	33,000
56	2%	29,400	588	32,928
57	2%	28,812	576	32,846
58	2%	28,236	565	32,753
59	5%	27,671	1,384	81,630
60	5%	26,287	1,314	78,862
61	5%	24,973	1,249	76,168
62	20%	23,724	4,745	294,183
63	5%	18,980	949	59,786
64	5%	18,031	902	57,698
65	100%	17,129	17,129	1,113,389
		Total	30,000	1,893,243
			Average	63

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001

Attachment to 2016 Form 5500
Schedule SB line 19 - Discounted Employer Contributions

Date Paid	Plan Year Applied	Employer Contributon	Effective Interest Rate	Late Interest Rate	Interest Adjusted Contribution
04/12/2016	2016	$85,000	6.16%	N/A	$83,531
07/15/2016	2016	$85,000	6.16%	N/A	$82,292
10/12/2016	2016	$85,000	6.16%	N/A	$81,071
12/14/2016	2016	$85,000	6.16%	N/A	$80,267
Total		$340,000			$327,161

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001
Plan Year: 2016

Summary of Plan Provisions

Covered Employees

A non-union (salaried or hourly) employee is eligible to participate on the first of the month coincident with or next following employment; provided that he or she has completed or is expected to complete 1,000 or more hours of service in the first 12-month consecutive period beginning with the employment date or reemployment date.

Definitions

Participation Service:	A year of service means the completion of at least 1,000 hours in a plan year. An employee who is credited with 1,000 hours of service in both the first 12-month period immediately following his employment date or reemployment date, as the case may be, and the first plan year following such employment date or reemployment date, will be credited with two years of service for purposes of eligibility to participate and determining whether credit for prior service shall be given following a break-in service.
Vesting Service:	A year of service means the completion of at least 1,000 hours in a plan year.
Credited Service:	Credited Service (in whole years and full months) as of December 31, 2001 plus service accrual after December 31, 2001. Effective January 1, 2002, a year of service means the completion of at least 1,000 hours in a plan year.
Normal Retirement Date:	Age 65, or if later, the fifth anniversary of the participant's participation commencement date.
Early Retirement Date:	Any Participant who has attained 5 years of service and age 55 may elect early retirement on the first day of any calendar month coinciding with or next following the termination of Service.
Average Monthly Compensation:	Monthly average of the participant's highest 60 consecutive months of compensation within the last 120 months.
Covered Compensation:	The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains or will attain Social Security retirement age.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	A monthly benefit for life, commencing at normal retirement equal to: 1.05% of the participant's monthly final average earnings multiplied by his number of years of credited service at retirement; plus 0.65% of the participant's monthly final average earnings in excess of covered compensation multiplied by his number of years of credited service at retirement. Credited service is limited to 30 years.
Accrued Benefit:	The Participant's Accrued Benefit at any given date is the Normal Retirement Benefit, based on the formulas above, using Credited Service, Average Compensation, and the Covered Compensation determined as of the given date.
Termination Benefit:	A Participant who has at least 5 years of Vesting Service or has attained normal retirement age has a 100% non-forfeitable right to his or her Accrued Benefit.
Early Retirement Benefit:	Accrued benefit is reduced by 6% for every year the early retirement date precedes the normal retirement benefit.
Disability Benefits:	If a participant becomes totally and permanently disabled prior to retirement or separation of service, he shall be eligible to receive an immediate monthly benefit if he has completed 5 years of Vesting Service. The amount of the benefit shall be the Accrued Benefit reduced at the same rate as the early retirement benefit.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were both married for at least one year and he is more than 0% vested in his Accrued Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 50%, 66 2/3%, 75% or 100% continued to the beneficiary; Life Annuity with 60, 120, or 180 monthly payments guaranteed; Lump Sum less than $15,000.