## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**Annual Report Identification Information** 

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

For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 12	2/31/2016					
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) ( employer information in ac						
	·	a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program					
		special extension (enter desc	· · ·							
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		T					
1a Name SPACEFLIG		C. RETIREMENT SAVINGS PLAN	I & TRUST		1b Three-digit plan number (PN) ▶ 001					
					1c Effective date of plan 01/01/2001					
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)						entification Number 7-1949578				
	HT INDUSTRIES, IN		stal code (il loreigh, see in	structions)	2c Sponsor's te	elephone number 438-0607				
4505 14/507					2d Business co	de (see instructions)				
SUITE 600	LAKE AVE. N.				3:	36410				
SEATTLE, W	VA 98109									
3a Plan a	administrator's name	and address X Same as Plan Spo	onsor.		<b>3b</b> Administrato	r's EIN				
					<b>3c</b> Administrator's telephone number					
						·				
		ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN					
	sor's name	·			4c PN					
<b>5a</b> Total	number of participant	s at the beginning of the plan year			5a	87				
		s at the end of the plan year			5b	135				
		account balances as of the end o			5c	94				
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	olan year		5d(1)	67				
		articipants at the end of the plan ye			5d(2)	123				
		at terminated employment during th		penefits that were less	5e	8				
		or incomplete filing of this retu		d unless reasonable ca	use is established	•				
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary,								
SIGN		d/valid electronic signature.	07/27/2017	DEBRA SOWDER						
HERE	Signature of plan	Enter name of individ	lual signing as plan	administrator						
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individ					lual signing as emp	oyer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (	include room or suite num	ber)	Preparer's teleph	one number				

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6a Were all of the plan's assets during the plan year invested in eligible								XY	es No	
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								XY	es No	
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC i					_	_		□ Not d	etermined	
	risurance pr	ogram (see Enton se		021):	····· L	103	Пио	Пиот и	CtCITIIIICG	
		()5								
7 Plan Assets and Liabilities	_	(a) Beginning	<u>ot Year</u> 610613				(b) End	of Year	108	
a Total plan assets	7a		010010	,				32443		
b Total plan liabilities	7b	2	610613	2				32449	198	
C Net plan assets (subtract line 7b from line 7a)	7c						4			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	2 (1)	(a) Amour	ot 202939		(b) Total					
(1) Employers	8a(1)		706757	_						
(2) Participants	8a(2)		236244							
(3) Others (including rollovers)	8a(3)		222470							
<b>b</b> Other income (loss)	8b		222410					12604	110	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1368410					
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		709086	6						
e Certain deemed and/or corrective distributions (see instructions).	8e									
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		)							
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				734025					
i Net income (loss) (subtract line 8h from line 8c)	8i							6343	885	
j Transfers to (from) the plan (see instructions)	j Transfers to (from) the plan (see instructions)									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature coo	es from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Pla	n Char	acteris	tic Cod	des in t	he instr	uctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amour	nt	
<b>a</b> Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not ir	clude transactions	10b		X					
C Was the plan covered by a fidelity bond?			10c	X					500000	
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	ne benefits under	10e	Х					20957	
f Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-er	nd.)	10g	X					26652	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No	
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
<u>b</u>	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
		he 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			1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)	
Part	VIII	Trust Information			•				
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP	
			ΙП '	"Curre	rent year" N/A P test				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					centage Average N				
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in a		struc	tions to the Form 5500	-SF.								
. 10	(4.5.1K. 35.17XI	Identification Information												
For	calendar plan year 2016 or fis		01/01/201		and ending		2/31/2016							
	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a list of participating employer information in accordance with the form instructions.)  plan a foreign plan the final return/report											
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extens	ion		DFVC program								
P	art II Basic Plan Info	ormation enter all requested	information											
1a	1a Name of plan Spaceflight Industries, Inc. Retirement Savings Plan & Trust						Three-digit plan number (PN) ►	001						
							Effective date o 01/01/2001	f plan						
2a	Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		instr	uctions)	2b	Employer Identi (EIN) 47-19							
	Spaceflight Industr	ries, Inc.				2c	Sponsor's telepi (206) 438-0							
	1505 Westlake Ave. Suite 600 US Seattle WA 98109	N.			:	2d	Business code ( 336410	(see instructions)						
3a Plan administrator's name and address 🗓 Same as Plan Sponsor						3b Administrator's EIN								
								telephone number						
4		e plan sponsor has changed since mber from the last return/report.	the last return/report fil	ed fo	r this plan, enter the	4b EIN								
	Sponsor's name			<del></del>		4c	1							
_		at the beginning of the plan year				5a 5k		87						
	Number of participants with	at the end of the plan yearaccount balances as of the end of	the plan year (only defi	ned c	contribution plans	50		135 94						
d(		ticipants at the beginning of the pla			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(	1)	67						
		ticipants at the end of the plan yea	•		***************************************	5d(	<del>-  </del>	123						
e	Number of participants that t	terminated employment during the	plan year with accrued	bene	efits that were	50		8						
Ca.		or incomplete filing of this retur				se is	established.							
Un SB	der penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I i	nave	examined this return/rep	ort, in	cluding, if applic							
S	GN MUMLY S	pul	7-17-17		94.01A51	W	1el							
Н	ERE Signature of plan adm	inistrator	Date		Enter name of individua	l signi	ng as plan admir	nistrator						
SIGN WWW 1, SOW 7-27-17 NEVER SOWNER							·····							
777.43	ERE Signature of employe		Date		Enter name of individua									
	eparer's name (including firm r lip this question	name, if applicable) and address (i	nclude room or suite n	ımbe	r)		arer's telephone p this questi							

_	Form 5500-SF 2016		Page 2			-					
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ons.)					********	XYes No		
	If you answered "No" to either line 6a or line 6b, the plan cannot								-		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sectio	n 402	1)?	*******	Yes	: <u> </u> N	oNot determined		
P	rt III Financial Information										
7	Plan Assets and Liabilities	100	(a) Beginning o	f Yea	r			(b) End	of Year		
а	Total plan assets	. 7a	2,63	10,6	13				3,244,998		
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2,61	10,6	13				3,244,998		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:				(b)	Total		
а	Contributions received or receivable from:	00/4)	20	02,9	30						
	(1) Employers										
	(2) Participants				06,757						
<u>_</u>	(3) Others (including rollovers)			36,2		+					
<u>b</u>	Other income (loss)	. 8b		22,4	/U						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		\$4,469,11	a selative			1,368,410			
u	to provide benefits)	. 8d	70	0,0	86						
<u>е</u>	Certain deemed and/or corrective distributions (see instructions)	T									
f	Administrative service providers (salaries, fees, commissions)	. 8f	2	24,9	39		and the same				
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	T			1		734,025				
Ť	Net income (loss) (subtract line 8h from line 8c)			1000		634,385					
Ť	Transfers to (from) the plan (see instructions)										
þ,	int IV Plan Characteristics	·1				SHANGE	CANSECCAN MARRIE C	Court of state (21)	alicanomical electric articles and alicanomical electric effected electric		
وتنتنا	If the plan provides pension benefits, enter the applicable pension for	esture code	es from the List of Plan Ch	araci	eristic	: Code	es in fh	e instruc	tions:		
- u	2E 2F 2G 2J 2K 2T 3D	02.0.0				, 000					
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Cha	aracte	ristic (	Code	s in the	instruction	ons:		
~	in the plant provided violate betterney of the applicable violate is										
P	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu	tions within	the time period				10.410				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	luciary Correction								
	Program)			10a		X			<del></del>		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x	11.5				
	Was the plan covered by a fidelity bond?			10c	x				500,000		
	Did the plan have a loss, whether or not reimbursed by the plan's						200				
	by fraud or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e	x				20,957		
f				10f		x					
				10g					26,652		
<u>9</u> h				""		$\vdash$			20,032		
	2520.101-3.)	•		10h		x					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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EMEROTO:						*****					
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum fund (Form 5500 and line 11a below)	• •		-				Yes	x	No	
11a	Enter the unpaid minimum required contributions for			*******	11a						
12	Is this a defined contribution plan subject to the mini								ιτε I	NI-	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, a		*********				"  닏	Yes	X.	No	
а	If a waiver of the minimum funding standard for a pric	or year is being amortized in this plan year,				er the dat		e letter r	uling		
If y	ou completed line 12a, complete lines 3, 9, and 10									*	
b	Enter the minimum required contribution for this plan	12b	12b								
С	Enter the amount contributed by the employer to the	plan for the 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)										
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes							, 🗆	N/A		
Par	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 rev	erted to the employer this year	*********		13a						
b	Were all the plan assets distributed to participants or control of the PBGC?	beneficiaries, transferred to another plan, o					Yes	X	No		
С	If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instr		), identi	ify the pla	ın(s) to						
1:	3c(1) Name of plan(s):			13c(2	) EIN(s)	EIN(s) 13c(3) PN(					
Pari	VIII Trust Information - Skip These Q	vestions									
	Name of trust				14	<b>b</b> Trust's	EIN			·	
14c	Name of trustee or custodian			······································	14	14d Trustee or custodian's					
						telephone number					
		<del></del>									
Par	IX IRS Compliance Questions - Skip	These Questions									
15a	is the plan a 401(k) plan? If "No," skip b		*********	<u> </u>	Yes			No			
15b	How did the plan satisfy the nondiscrimination require				Design				year	" ADP	
	401(k)(3) for the plan year? Check all that apply:	***************************************	********	·····  L!	safe ha		Ш	test			
					"Currer ADP te			N/A			
16a	What testing method was used to satisfy the coveragy ear? Check all that apply:			_	Ratio percent	tage	Aver	age efit test		] N/A	
					test		Dette	in test			
16b	Did the plan satisfy the coverage and nondiscriminati for the plan year by combining this plan with any other			□	Yes			No			
17a	If the plan is a master and prototype plan (M&P) or verthe letter/ and serial numb		ble IRS	opinion	letter or a	advisory l	etter, er	nter the	date	of	
17b	If the plan is an individually-designed plan that receiv		IRS, e	nter the o	date of th	e most re	cent de	etermina	ation		
18	Defined Benefit Plan or Money Purchase Pension Pla Were any distributions made during the plan year to service?	an employee who attained age 62 and had r	-			☐ Yes	; <u> </u>	No			
19	Was any plan participant a 5% owner who had attain	'		**********		☐ Yes	;	No			