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

2017

This Form is Open to **Public Inspection**

Part i Annuai Rep	ort identification information	1								
For calendar plan year 2017	or fiscal plan year beginning 01/01/	2017		and ending 1	2/31/2	017				
A This return/report is for:	x a single-employer plan			an (not multiemployer) uployer information in a		_				
	a one-participant plan	af	oreign plan	reign plan						
B This return/report is	the first return/report		final return/report							
	an amended return/report	a s	hort plan year retur	n/report (less than 12 m	nonths))				
C Check box if filing under:			tomatic extension		DF	VC program				
D (U D : D)	special extension (enter desc	. ,								
	Information—enter all requested in	nformatio	n		1h	There a dist				
1a Name of plan	LUS, INC. 401(K) PROFIT SHARING F	DI ANI			ID	Three-digit plan number				
OKTOKALT LAKTO & SOKI I	200, INC. 401(R) 1 ROLLI SHARING I	LAIN				(PN) ▶	001			
					1c	Effective date of	fplan			
						02/01	1/1982			
Mailing address (include	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.0				2b	Employer Identification (EIN) 59-19	ication Number 921947			
SKYCRAFT PARTS & SURPL	ovince, country, and ZIP or foreign pos LUS, INC.	stal code	(if foreign, see insti	ructions)	2c	Sponsor's telep				
					2d	Business code (
2245 W. FAIRBANKS						4539				
WINTER PARK, FL 32789										
0 = = :	🗔				O.L.					
3a Plan administrator's nan	ne and address X Same as Plan Spo	onsor.			3D	Administrator's I	=IN			
					3с	Administrator's t	elephone number			
	of the plan sponsor or the plan name has sponsor's name, EIN, the plan name				4b	EIN				
a Sponsor's name	sponsor's name, Life, the plan name	and the p	pian number nom u	ie iast retum/report.	4d PN					
C Plan Name										
5a Total number of particip	pants at the beginning of the plan year.				. 5	а	18			
b Total number of particip	pants at the end of the plan year				. 5	b	16			
	with account balances as of the end of				5	С	16			
d(1) Total number of activ	re participants at the beginning of the p	olan year			. 5d		15			
d(2) Total number of active participants at the end of the plan year			. 5d	(2)	15					
	who terminated employment during th				5	е	0			
Caution: A penalty for the	late or incomplete filing of this retur	rn/report	t will be assessed	unless reasonable ca						
	nd other penalties set forth in the instru ed and signed by an enrolled actuary, complete									
	rized/valid electronic signature.		09/01/2018	MICHAEL G JUETT						
HERE										

Date 09/01/2018

Date

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Signature of plan administrator

SIGN

HERE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

MICHAEL G JUETT

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								rmined ctions.)	
Pa	rt III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
a	Total plan assets	7a	309	91427				3553520		
b	Total plan liabilities	7b		0				0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	309	91427				3553520		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)	(60000	_					
	(2) Participants	8a(2)	2	23966						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b	37	79077						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						463043		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		764	_					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	ns) 8e								
f_	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses			186						
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)							950		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						462093		
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics			01		0				
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	,	Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		X				
С				10c	X			35000	00	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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			1794	19	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g				10g	X			1552	21	
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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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)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
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.)								
а	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							
lf y	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								
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						
е	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?		Ye	s X N	0			
	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			
С	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.)							
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty 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

2017

This Form is Open to Public Inspection

<u> </u>		rt identification information				
For	calendar plan year 2017 or		01/01/2017	and ending	12/31/20	17
Α	This return/report is for:	a single-employer plan		plan (not multiemployer employer information to		
В	This refum/report is:	a one-participant plan the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12	! months)	
C	Check box if filing under:	Y Form 5558	automatic extension		DFVC	program
		special extension (enter desc	cription)			
P	art II Basic Plan In	formation enter all requested	i information			
1a	Name of plan				1b Three-dig	
	Skycraft Parts &	Surplus, Inc. 401(k) Pro	ofit Sharing Plan		plan numi (PN) ➤	001
						date of plan
2a	Mailing Address (include re	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P	O. Box)		2b Employer	Identification Number 9-1921947
		nce, country, and ZIP or foreign por	stal code (It foreign, see in	structions)	2c Sponsor's	telephone number
	Skycraft Parts & &	outpius, inc.				528-5634
	2245 W. Fairbanks				2d Business 453990	code (see instructions)
	US Winter Park EL 32789	3				
3a	Plan administrator's name	and address 🗵 Same as Plan Sp	oonsor		3b Administra	itor's EIN
					j	
					3c Administra	ator's telephone number
4	If the name and/or EIN of the this plan, enter the plan sp	he plan sponsor or the plan name ronsor's name, EIN, the plan name a	nas changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN	
a	Sponsor's name				4d PN	
С	Plan Name					
5a	Total number of participant	s at the beginning of the plan year			. 5a	18
	• •	s at the end of the plan year			·	16
	Number of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	16
ďζ	*	articipants at the beginning of the pl				15
	2) I ptal number of active pa	articipants at the end of the plan yea	31 - ***********************************	\$}4\\$#\$\$\$\$\$#\$\$\$#########################	. 5d(2)	15
4	Service of the servic	terminated employment during the			, 5е	0
	ation: A penalty for the late	or incomplete filing of this retu	rn/report will be assesse	d unless reasonable c	ause is establish	ed.
B	ler enalties of perjury and or schedule MB completed ef, is true, correct, and per	other penalties set forth in the instruence and signed by an enrolled actuary, applete.	actions, I declare that I have as well as the electronic v	e examined this return/ ersion of this return/rep	report, including, if ort, and to the best	applicable, a Schedule of my knowledge and
	1 Wichan	4 Cutt	9-1-18	Michael G. Juet	tt	
H	RE Signature of plan agr	nipletrator	Date	Enter name of individu	ual signing as plan	administrator
SI	ON HENRY SE	Children	9118	Michael G. Juet	tt	
	RE Signature of employe	alplan sponsor	Date	Enter name of Individu	ual signing as empi	oyer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible						*******	XYes \No		
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	nd conditi	ons.)				******	XYes		
_	If you answered "No" to either line 6a or line 6b, the plan cannot									
С	If the plan is a defined benefit plan, is it covered under the PBGC in					******	Ye	s No Not determine		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC p	remium filing for this year	·				(See instructions.)		
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Yea	ar	T		(b) End of Year		
a	Total plan assets	7a	3,0	91,4	27		*****	3,553,520		
b	Total plan liabilities	7b			0			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	3,0	91,4	27			3,553,520		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ŧ				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		60,0	100					
	(2) Participants	8a(2)	<u> </u>	23,9		2000 C				
	(3) Others (including rollovers)	8a(3)			0		Sant Landon			
b	Other income (loss)	8b	3	79,0		1000				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						VES 0VS		
d	Benefits paid (including direct rollovers and insurance premiums			200000000000000000000000000000000000000			463,043			
	to provide benefits)	8d			64					
_	Certain deemed and/or corrective distributions (see instructions)	8e				1502				
<u></u>	Administrative service providers (salaries, fees, commissions)	8f				200				
<u>g</u>	Other expenses	8g		l Girkin	86					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					950			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					462,093			
	Transfers to (from) the plan (see instructions)	8j								
-										
Ja	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2T 3D	ature cod	es from the List of Plan C	harad	terist	ic Co	des in 1	he instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Ch	aract	eristic	Cod	es in th	e instructions:		
þ,	rt V Compliance Questions				·					
10	During the plan year:				Yes	No	N/A	Amount		
a		ions withir	the time period		169	140		Anioune		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest?	(Do not i	nclude transactions							
	reported on line 10a.)			10b		X				
d	Was the plan covered by a fidelity bond?			10c	X			350,000		
	by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance							
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	10e	x		12.006	17,949		
f	Has the plan failed to provide any benefit when due under the plan			10f		х	0.00	17,943		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х			15 521		
— h	If this is an individual account plan, was there a blackout period? (§			9				15,521		
	2520.101-3.)	***************************************	544000401144444111111111111111111111111	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 2520.101-	e required	notice or one of the	10:						
	exceptions to providing the holide applied under 29 GFR 2520. TUT-	J ========	555555555555555555555555555555555555555	10i						

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Pari	Pension Funding Compliance			,				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and computer (Form 5500 and line 11a below)	chedule	SB		∕es 🛚 🗵	No		
<u>11a</u>	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or sect	ion 302	of		∕es 🗓	No	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	:				t		
u	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	ions, a	na ente Da		e of the Yea		ılıng	
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			·y	i Ça	<u>'</u>		
b	Enter the minimum required contribution for this plan year.	******	12b			•		
c	C Enter the amount contributed by the employer to the plan for the plan year							
d								
е					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 [K No		
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.)								
13	Sc(1) Name of plan(s):	c(2) El	N(s)		13c	(3) PN(s)	