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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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
HTF AEROSPACE, INC. CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2014

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)
HTF AEROSPACE, INC.

543 ENCINITAS BLVD STE 117
ENCINITAS, CA 92024

2b Employer Identification Number (EIN) 80-0535917

2c Sponsor's telephone number 310-431-9527

2d Business code (see instructions) 423800

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	3
b Total number of participants at the end of the plan year	**5b**	2
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)**	3
d(2) Total number of active participants at the end of the plan year	**5d(2)**	2
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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.	10/02/2019	MARC SIEGEL
	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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4164391. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	622835	1130530
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	622835	1130530
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	567000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-45744	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		521256
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4454	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	9107	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		13561
i Net income (loss) (subtract line 8h from line 8c)	8i		507695
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:
1C 3D

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	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	
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			
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?		[X] Yes [ ] 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)

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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
HTF AEROSPACE, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HTF AEROSPACE, INC.

D Employer Identification Number (EIN)
80-0535917

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2018

2 Assets:

a Market value	**2a**	563530
b Actuarial value	**2b**	563530

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	0	0	0
b For terminated vested participants	0	0	0
c For active participants	2	493453	493453
d Total	2	493453	493453

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**	6.29 %
6 Target normal cost	**6**	109036

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

Date

NAN TIAN, EA, MSPA, MAAA

17-08108

Type or print name of actuary

Most recent enrollment number

UNITED RETIREMENT PLAN CONSULTANTS

310-577-1444

Firm name

Telephone number (including area code)

19191 S. VERMONT AVE
SUITE 670
TORRANCE, CA 90502

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)	0	0
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)	0	0
10	Interest on line 9 using prior year's actual return of 13.50 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		11572
	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 6.48 %		0
	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		11572
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	114.20%
15	Adjusted funding target attainment percentage	15	183.71%
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	177.50%
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
09/12/2019	567000	0			
			Totals ► 18(b)	567000	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	543344

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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

21 Discount rate:

a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions)

Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute	
Current regulation:	☒ 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**	109036
b Excess assets, if applicable, but not greater than line 31a	**31b**	70077

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**	38959

	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**	38959
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	543344
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	504385
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

HTF AEROSPACE, INC.
CASH BALANCE PENSION PLAN

Schedule of Active Participant Data
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 12/31/2018

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	0	0	0	0	0	0	0	1
40-44	0	0	1	0	0	0	0	0	0	0	1
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	2	0	0	0	0	0	0	0	2

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 39.5 Average Service: 5

HTF AEROSPACE, INC.
CASH BALANCE PENSION PLAN

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 12/31/2018

	For Funding Min	For Funding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1: 3.92%	2.50%	Seg 1: 3.43%	Pre-Retirement: 5.00%
	Seg 2: 5.52%	3.92%	Seg 2: 4.46%	Post-Retirement: 5.00%
	Seg 3: 6.29%	4.50%	Seg 3: 4.88%	
Applicable Date	12/2018	12/2018	11/2018	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement				
Mortality	2018 Applicable Mortality Table from Notice 2017-60		2018 Applicable Mortality Table from Notice 2017-60	2014 Applicable Mortality Table from Notice 2013-49
Assumed Benefit Form For Funding			Lump Sum	
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			6.29%	
Cash Balance Projected Interest Crediting Rate			5.00% annual rate	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

HTF AEROSPACE, INC.
CASH BALANCE PENSION PLAN

Addendum to the Actuarial Assumptions
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 12/31/2018

Non-prescribed economic assumptions and demographic assumptions are generally selected based on the actuary's professional judgement. No experience studies were completed. The stated assumptions represent the actuary's best estimate of future experience of the plan. Below is additional detail as to the rationale of each assumption selected.

Turnover:	None, as this is deemed immaterial to the determination of liabilities.
Salary Scale:	None, as this is deemed immaterial to the determination of liabilities.
Disability:	None, as this is deemed immaterial to the determination of liabilities.
Pre-Retirement Mortality:	None, as this is deemed immaterial to the determination of liabilities.
Retirement Age:	Age 62. Since early and late retirement benefits are actuarially adjusted, early and late retirement experience is immaterial to the determination of liabilities.
Form of Benefit:	The actuary selected this assumption based on industry knowledge and professional judgement.
Expenses:	Since PBGC premiums and other expenses are not paid from the plan, it is assumed that $0 expenses are included in the target normal cost.

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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
HTF AEROSPACE, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HTF AEROSPACE, INC.

D Employer Identification Number (EIN)
80-0535917

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2018

2 Assets:

a Market value	**2a**	563,530
b Actuarial value	**2b**	563,530

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	0	0	0
b For terminated vested participants	0	0	0
c For active participants	2	493,453	493,453
d Total	2	493,453	493,453

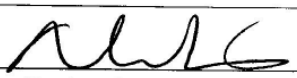
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	6.29%
6 Target normal cost	**6**	109,036

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

9/27/2019
Date

NAN TIAN, EA, MSPA, MAAA
Type or print name of actuary

1708108
Most recent enrollment number

UNITED RETIREMENT PLAN CONSULTANTS
Firm name

310-577-1444
Telephone number (including area code)

19191 S. VERMONT AVE
SUITE 670
TORRANCE CA 90502
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 [ ]

Attachment to 2018 Schedule SB, Line 19
Discounted Employer Contributions

Plan Name: HTF AEROSPACE, INC.
CASH BALANCE PENSION PLAN

EIN: 80–0535917
PN: 002
Plan Year End: 12/31/2018
Valuation Date: 12/31/2018

Effective Interest Rate: 6.29%
Actual Return on Assets: -8.93%

Contributions and Balances for Plan Year Ending 12/31/2018

	Allocated Toward Prior Unpaid Minimum Required				Made to Avoid Benefit Restrictions		Allocated Toward Current Plan Year			
Contribution Or Election Dates	Amount Paid By Employer(s)	Plan Year	Eff Int Rate	Discounted Value	Amount Paid By Employer(s)	Discounted Value	Source	Amount Contributed or Elected	# days to EOY	Discounted Value
9/12/2019				0		0	Contribution	567,000	255	543,344
				0		0				543,344

Subtotal by Type of Contributions and Balances for Plan Year Ending 12/31/2018

Contribution	567,000	543,344
Carry Over Balance	0	0
Prefunding Balance	0	0

Amount Available at Beginning of Next Plan Year to add to Pre-Funding Balance

	As of ValDate	Rate	Election
Amount from use of Balances	0	-8.93%	0
Amount from excess contribution	504,385	6.29%	504,385
Total Amount Available	504,385		504,385

Schedule SB Entries:

		Carryover Balance	Prefunding Balance	TOTAL
Current Year Line 34	Total funding requirement before reflecting carryover/prefunding balances			38,959
Current Year Line 35	Balances used to offset funding requirement [reflect discounting]	0	0	0
Current Year Line 36	Additional Cash Requirement			38,959
Current Year Line 37	Contributions allocated toward minimum required contribution for current year			543,344
Current Year Line 38	Interest-adjusted Excess Contribution for Current Year			504,385
Next Year Line 7	Balance at beginning of prior year after applicable adjustments	0	0	
Next Year Line 8	Portion used to offset prior year's funding requirement [no discounting]	0	0	
Next Year Line 9	Amount remaining	0	0	
Next Year Line 10	Interest on item 9 using prior year's actual return of -8.93%	0	0	
Next Year Line 11	Prior year's excess contributions to be added to prefunding balance:			
Next Year Line 11a	Excess contributions		504,385	
Next Year Line 11b	Interest on (a)		0	
Next Year Line 11c	Total available at beginning of current plan year to add to prefunding balance		504,385	
Next Year Line 11d	Portion of (c) to be added to prefunding balance		0	

Attachment to 2018 Schedule SB, Line 22
Description of Weighted Average Retirement Age

Plan Name:	HTF AEROSPACE, INC. CASH BALANCE PENSION PLAN
EIN:	80–0535917
PN:	002
Plan Year End:	12/31/2018
Valuation Date:	12/31/2018

Line 22. Weighted Average Retirement Age.

The Weighted Average Retirement Age is determined using Funding Target and the Assumed Retirement Age for each participant.

The Weighted Average Retirement Age is 62.

HTF AEROSPACE, INC.
CASH BALANCE PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 12/31/2018

Plan Effective Date

January 1, 2014

Plan Year

From January 1, 2018 to December 31, 2018

Eligibility

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

1 year of service
Minimum age 21

Collectively Bargained, Non-resident Alien and 410(b)(6) Acquisition Employees are excluded from the Plan

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62
Completion of 5 years of participation from entry date

Cash Balance Contribution Credit

The plan provides the following cash balance contribution credits to participants based on their group classification:

Group 1:
$73,493

Group 2:
$69,994

Group 3:
$1,000

The maximum monthly benefit is the lesser of $18,333.33 and 100% of the highest 3-year average salary, subject to service requirements.

Salary based contribution credits are applied to current compensation.

Normal Form of Benefit

A benefit payable for the life of the participant

Optional Forms of Benefit

The following forms of benefit payment are also available:

Life Only - Payable for the life of the participant.

Life With 5 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 5 full years, payments will continue to his/her surviving beneficiary for the remainder of the 5-year period and then stop.

Life With 10 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for

HTF AEROSPACE, INC.
CASH BALANCE PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 12/31/2018

10 full years, payments will continue to his/her surviving beneficiary for the remainder of the 10-year period and then stop.

Life With 15 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 15 full years, payments will continue to his/her surviving beneficiary for the remainder of the 15-year period and then stop.

Life With 20 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 20 full years, payments will continue to his/her surviving beneficiary for the remainder of the 20-year period and then stop.

Joint and 100% Survivor - Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both.

Joint and 75% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary.

Joint and 50% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.

Single Lump Sum - This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years with less than 1,000 hours

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years from date of hire excluding the following:

HTF AEROSPACE, INC.
CASH BALANCE PENSION PLAN

Summary of Plan Provisions
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 12/31/2018

Years with less than 1,000 hours

Top-Heavy Minimum Benefit	Top-heavy minimum benefits are provided under another plan of the employer
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.
Death Benefit	Actuarial Equivalent of the accrued benefit earned to date of death
Disability	Equal to present value of the accrued benefit
Cash Balance	The annual Interest Crediting Rate for this plan year is 5.00%

Attachment to 2018 Schedule SB, Line 32
Schedule of Amortization Bases

Plan Name:	HTF AEROSPACE, INC. CASH BALANCE PENSION PLAN
EIN:	80–0535917
PN:	002
Plan Year End:	12/31/2018
Valuation Date:	12/31/2018

Prior Year Amounts

Year	Installment	Number of Future Installments	Value of Future Installments
One Year Prior	-	6	-
Two Years Prior	-	5	-
Three Years Prior	-	4	-
Four Years Prior	-	3	-
Five Years Prior	-	2	-
Six Years Prior	-	1	-

Current Year Calculation

Adjusted Funding Shortfall	$	-
Value of Future Installments on Prior year Bases	$	-
Current Year Shortfall Amortization Base	$	-
Shortfall Amortization Base is not established this year.		
Current Year Shortfall 7 Year Amortization		
Factor		6.126
Installment	$	-
Total of All Shortfall Amortization Installments (not less than 0)	$	-