

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2007</u> and ending <u>12/31/2007</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MUSEUM OF FLIGHT TAX SHELTERED ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1988</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MUSEUM OF FLIGHT FOUNDATION</u> <u>9404 EAST MARGINAL WAY SOUTH</u> <u>SEATTLE, WA 98108-4097</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0785826</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>206-764-5700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>712100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0785826</u>	2c Sponsor's telephone number <u>206-764-5700</u>	2d Business code (see instructions) <u>712100</u>	
2b Employer Identification Number (EIN) <u>91-0785826</u>					
2c Sponsor's telephone number <u>206-764-5700</u>					
2d Business code (see instructions) <u>712100</u>					

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 accompanying schedules, statements and attachments, 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.	08/13/2010	BETTIE HOPKINS
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MUSEUM OF FLIGHT FOUNDATION 9404 EAST MARGINAL WAY SOUTH SEATTLE, WA 98108-4097	3b Administrator's EIN 91-0785826 3c Administrator's telephone number 206-764-5700
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
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c
d Subtotal. Add lines 6a , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2L	

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)



Monday, July 26, 2010

Museum of Flight Foundation
Museum of Flight Tax Sheltered Annuity Plan
9404 East Marginal Way South
Seattle, WA 981084097

Employer Identification Number: 910785826

Plan Number: 001

Dear Museum of Flight Foundation:

We are in receipt of the document submitted as your Form 5500 Annual Return/Report. At this time, the document is being returned to you because it was not filed in a government-approved format. **The content of your filing has not been reviewed.**

Section 109 of the Employee Retirement Income Security Act of 1974 (ERISA) provides that the Secretary of the Department of Labor may require that information submitted in an annual report under Title I of ERISA must be submitted as the Secretary may prescribe. Section 6058(a) of the Internal Revenue Code (IRC) and the regulations there under prescribe the manner in which information must be submitted by plans that have a filing requirement under the IRC. Effective on January 1, 2010, the following Annual Return/Reports, filing submissions must be submitted electronically as required under the Department of Labor's Final Rule on Annual Reporting and Disclosure:

- Plan Year 2009 or later
- Plan Year 2008 Electronic Media Filing
- Plan Year 2007 or prior

(See the DOL web site at www.efast.dol.gov for information on filing the Form 5500 Series Annual Return/Report electronically.)

ACTION TO BE TAKEN BY YOU

To avoid possible civil penalties, you must submit a Form 5500 Annual Return/Report in an electronic format **within 45 days from the date of this letter. Please submit a copy of this letter with the filing submission.** (See the website <http://www.efast.dol.gov> for information on filing electronically.)

IF YOU TAKE NO ACTION

Failure to submit your filing in an approved format may subject you to civil penalties of up to \$1,100 per day pursuant to ERISA section 502(c)(2) and \$25 a day (up to \$15,000) pursuant to IRC section 6652 (d)(1) for failing to file a complete and accurate Annual Return/Report. If you have any questions regarding this letter or need assistance in preparing your filing, please contact EBSA toll-free at (866) 463-3278, Monday through Friday.

Sincerely,

Maria Robles
Chief, EFAST Processing
Employee Benefits Security Administration
EFAST Program

Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit PlanThis form is required to be filed under sections 104 and 4065 of the Employee
Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with
the instructions to the Form 5500.Official Use Only
OMB Nos. 1210-0110
1210-0089**2007****This Form is Open to
Public Inspection.****Part I Annual Report Identification Information**

For the calendar plan year 2007 or fiscal plan year beginning

and ending

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) _____
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☐

Part II Basic Plan Information -- enter all requested information.

1a Name of plan MUSEUM OF FLIGHT TAX SHELTERED ANNUITY PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan (mo., day, yr.) 01/01/1988
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MUSEUM OF FLIGHT FOUNDATION 9404 EAST MARGINAL WAY SOUTH SEATTLE WA 98108-4097	2b Employer Identification Number (EIN) 91-0785826 2c Sponsor's telephone number 206-764-5700 2d Business code (see instructions) 712100

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN
HERE**
 6/29/10
 Signature of plan administrator Date

EDWARD WAALE

Type or print name of individual signing as plan administrator

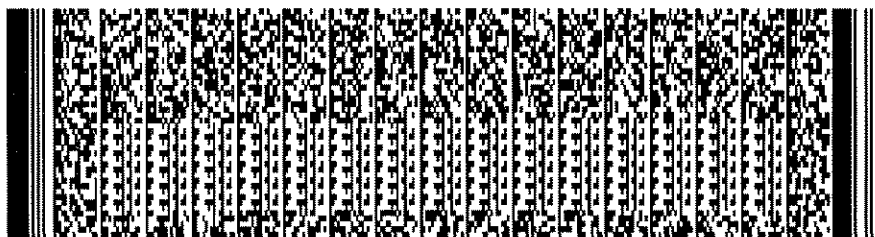
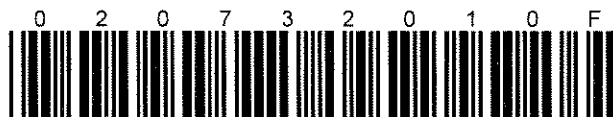
**SIGN
HERE**
 6/29/10
 Signature of employer/plan sponsor/DFE Date

EDWARD WAALE

Type or print name of individual signing as employer, plan sponsor or DFE

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

v10.1

Form **5500** (2007)
RECEIVED
 JUL 20 2010
 BY: _____


3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

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 below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year

6

7 Number of participants as of the end of the plan year (welfare plans complete only lines **7a**, **7b**, **7c**, and **7d**)

a Active participants

7a

b Retired or separated participants receiving benefits

7b

c Other retired or separated participants entitled to future benefits

7c

d Subtotal. Add lines **7a**, **7b**, and **7c**

7d

0

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

7e

f Total. Add lines **7d** and **7e**

7f

0

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

7g

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

7h

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

7i

8 Benefits provided under the plan (complete **8a** and **8b**, as applicable)

a ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2L

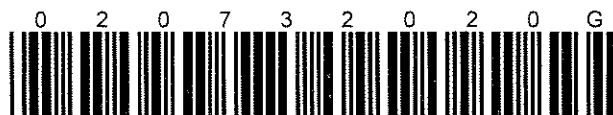
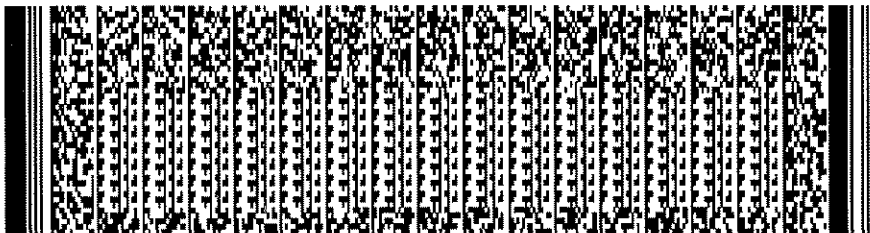
b ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(i) insurance contracts
(3) ☐ Trust
(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(i) insurance contracts
(3) ☐ Trust
(4) ☐ General assets of the sponsor

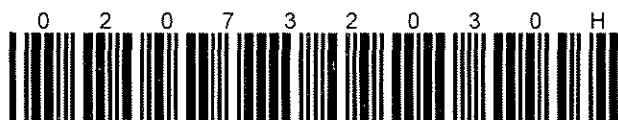


10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- | | | | |
|-----|--------------------------|------------|--|
| (1) | <input type="checkbox"/> | R | (Retirement Plan Information) |
| (2) | <input type="checkbox"/> | B | (Actuarial Information) |
| (3) | <input type="checkbox"/> | E | (ESOP Annual Information) |
| (4) | <input type="checkbox"/> | SSA | (Separated Vested Participant Information) |

b Financial Schedules

- | | | | |
|-----|--------------------------|----------|---------------------------------------|
| (1) | <input type="checkbox"/> | H | (Financial Information) |
| (2) | <input type="checkbox"/> | I | (Financial Information -- Small Plan) |
| (3) | <input type="checkbox"/> | A | (Insurance Information) |
| (4) | <input type="checkbox"/> | C | (Service Provider Information) |
| (5) | <input type="checkbox"/> | D | (DFE/Participating Plan Information) |
| (6) | <input type="checkbox"/> | G | (Financial Transaction Schedules) |



DFVC PROGRAM

Form 5500, Box D – DFVC Filing

Employer Name: MUSEUM OF FLIGHT FOUNDATION
Plan Name: MUSEUM OF FLIGHT TAX SHELTERED ANNUITY PLAN
EIN: 91-0785826
Plan Number: 001

This **2007 Form 5500** is being submitted under the Delinquent Filer's Voluntary Correction Program.