# 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).

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

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 11/24/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [ ] an amended return/report;
- [X] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
EMPLOYEE RETIREMENT INCOME PLAN OF MDC - HOURLY DEFINED CONTRIBUTION PLAN

**1b** Three-digit plan number (PN) ▶ 024

**1c** Effective date of plan 12/29/1986

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MCDONNELL DOUGLAS CORPORATION A WHOLLY OWNED SUBSIDIARY OF
THE BOEING COMPANY
C/O BOEING EMPLOYEE BENEFITS
P.O. BOX 3707, M/C 11-57
SEATTLE, WA 98124-2207

100 N. RIVERSIDE PLAZA
CHICAGO, IL 60606-1596

**2b** Employer Identification Number (EIN) 43-0400674

**2c** Sponsor's telephone number 206-662-5825

**2d** Business code (see instructions) 336410

**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. | 07/01/2011 | SCOTT BUCHANAN |
| | **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 |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
EMPLOYEE BENEFIT PLANS COMMITTEE

100 N RIVERSIDE PLAZA
CHICAGO, IL 60606-1596

**3b** Administrator's EIN
58-2405861

**3c** Administrator's telephone number
312-544-2297

**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** | 333 |
| **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** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 0 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 0 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 0 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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:
2C 2G 3F 3H 2F

**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)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | 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)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | | **C** (Service Provider Information) |
| **(5)** | X | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 11/24/2010

**A** Name of plan
EMPLOYEE RETIREMENT INCOME PLAN OF MDC - HOURLY DEFINED CONTRIBUTION PLAN

**B** Three-digit plan number (PN) ▶ 024

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
MCDONNELL DOUGLAS CORPORATION A WHOLLY OWNED SUBSIDIARY OF

**D** Employer Identification Number (EIN)
43-0400674

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TBCESP MT INVESTMENT ACCOUNT

**b** Name of sponsor of entity listed in (a): THE BOEING CO. & CONSOLIDATED SUBS

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 91-0425694-092 | M | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 11/24/2010

**A** Name of plan
EMPLOYEE RETIREMENT INCOME PLAN OF MDC - HOURLY DEFINED CONTRIBUTION PLAN

**B** Three-digit plan number (PN) ▶ 024

**C** Plan sponsor's name as shown on line 2a of Form 5500
MCDONNELL DOUGLAS CORPORATION A WHOLLY OWNED SUBSIDIARY OF

**D** Employer Identification Number (EIN)
43-0400674

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 4139879 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 4139879 | 0 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 12770 | 0 |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 12770 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 4127109 | 0 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 0 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 283657 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 283657 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2902873 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 2902873 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 0 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2902873 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | -2619216 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | 1507893 |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DELOITTE & TOUCHE, LLP (2) EIN: 13-3891517

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 95000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | | X | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | X | | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ..... [X] **Yes** [ ] **No** **Amount:** 0

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| THE BOEING COMPANY VOLUNTARY INVESTMENT PLAN | 91-0425694 | 002 |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 11/24/2010

**A** Name of plan
EMPLOYEE RETIREMENT INCOME PLAN OF MDC - HOURLY DEFINED CONTRIBUTION PLAN

**B** Three-digit plan number (PN) ▶ 024

**C** Plan sponsor's name as shown on line 2a of Form 5500
MCDONNELL DOUGLAS CORPORATION A WHOLLY OWNED SUBSIDIARY OF

**D** Employer Identification Number (EIN)
43-0400674

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3581074

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 191

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a** 0

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b** 0

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c** 0

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# Employee Retirement Income Plan of McDonnell Douglas Corporation — Hourly Defined Contribution Plan

Financial Statements (Liquidation Basis) as of November 24, 2010 and December 31, 2009, and for the Period from January 1, 2010 to November 24, 2010, and for the Year Ended December 31, 2009, and Independent Auditors' Report

# EMPLOYEE RETIREMENT INCOME PLAN OF McDONNELL DOUGLAS CORPORATION — HOURLY DEFINED CONTRIBUTION PLAN

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NOTE: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or are not required.

Deloitte.

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## INDEPENDENT AUDITORS' REPORT

To the Employee Benefit Plans Committee and
Members of the Employee Retirement Income Plan of
McDonnell Douglas Corporation — Hourly Defined Contribution Plan
The Boeing Company
Chicago, Illinois

We were engaged to audit the financial statements (liquidation basis) of the Employee Retirement Income Plan of McDonnell Douglas Corporation — Hourly Defined Contribution Plan (the "Plan") as of November 24, 2010 and December 31, 2009, and for the period from January 1, 2010 to November 24, 2010, and for the year ended December 31, 2009, listed in the table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5 which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee that the information as of November 24, 2010, and for the period from January 1, 2010 to November 24, 2010, provided to the plan administrator by the trustee is complete and accurate.

As further discussed in Notes 1, 6, and 12 to the financial statements, on December 1, 2009, The Boeing Company, the Plan sponsor, terminated the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan's financial statements as of November 24, 2010, and December 31, 2009, have been prepared on a liquidation basis.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Act of 1974.

Deloitte & Touche LLP

June 27, 2011

# EMPLOYEE RETIREMENT INCOME PLAN OF McDONNELL DOUGLAS CORPORATION — HOURLY DEFINED CONTRIBUTION PLAN

## STATEMENTS OF NET ASSETS (LIQUIDATION BASIS) AS OF NOVEMBER 24, 2010 AND DECEMBER 31, 2009

| | 2010 | 2009 |
|---|---|---|
| ASSETS — Investments — at fair value — interest in Master Trust | $ - | $4,139,879 |
| LIABILITIES — Estimated payments to participants upon liquidation | | 4,139,879 |
| NET ASSETS IN LIQUIDATION | $ - | $ - |

See notes to financial statements.

# EMPLOYEE RETIREMENT INCOME PLAN OF McDONNELL DOUGLAS CORPORATION — HOURLY DEFINED CONTRIBUTION PLAN

## STATEMENTS OF CHANGES IN NET ASSETS (LIQUIDATION BASIS) FOR THE PERIOD FROM JANUARY 1, 2010 TO NOVEMBER 24, 2010, AND FOR THE YEAR ENDED DECEMBER 31, 2009

| | 2010 | 2009 |
|---|---|---|
| ADDITIONS — Net Master Trust activity | $ 283,657 | $ 616,013 |
| DEDUCTIONS — Benefits paid | 2,915,643 | 116,910 |
| NET (DEDUCTIONS) ADDITIONS | (2,631,986) | 499,103 |
| ASSETS TRANSFERRED TO ANOTHER PLAN | (1,507,893) | |
| ADJUSTMENT TO LIQUIDATION BASIS — Estimated payments to participants upon liquidation | | (4,139,879) |
| NET ASSETS AVAILABLE FOR BENEFITS: Beginning of year | 4,139,879 | 3,640,776 |
| End of year | $ - | $ - |
| NET ASSETS AT LIQUIDATION | $ - | $ - |

See notes to financial statements.

# EMPLOYEE RETIREMENT INCOME PLAN OF McDONNELL DOUGLAS CORPORATION — HOURLY DEFINED CONTRIBUTION PLAN

## NOTES TO FINANCIAL STATEMENTS (LIQUIDATION BASIS) AS OF NOVEMBER 24, 2010 AND DECEMBER 31, 2009, AND FOR THE PERIOD FROM JANUARY 1, 2010 TO NOVEMBER 24, 2010, AND FOR THE YEAR ENDED DECEMBER 31, 2009

### 1. DESCRIPTION OF THE PLAN

The following description of the Employee Retirement Income Plan of McDonnell Douglas Corporation — Hourly Defined Contribution Plan (the "Plan") provides only general information. Eligible employees, as defined by the Plan ("Members"), should refer to the Plan document for a more complete description of the Plan's provisions.

**General** — The Plan was a defined contribution money purchase pension plan covering eligible hourly employees of the McDonnell Douglas Corporation (the "Corporation" or "MDC"), a wholly owned subsidiary of The Boeing Company ("Boeing"), or a McDonnell Douglas–controlled company. Eligible full-time employees became Members on their first day of employment and eligible part-time employees did so after a year of service until the Plan was frozen as described below.

On December 1, 2009, Boeing terminated the Plan and effective November 24, 2010, the assets of the Plan were distributed to its Members. Members received their account balance in the form of a lump sum during liquidation, in accordance with the terms of the Plan. Distributions included the actual investment net earnings through the final date of distribution. Remaining account balances for any missing and nonresponsive Members were transferred to The Voluntary Investment Plan ("VIP"). All costs associated with the termination of the Plan were paid for by Boeing. Prior to November 24, 2010, the assets of the Plan were held in The Boeing Company Employee Savings Plans Master Trust (the "Master Trust"). State Street Bank and Trust Company ("SSBT") served as trustee for the Master Trust. The Employee Benefit Plans Committee controlled and managed the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Contributions** — The Plan was frozen and had not accepted contributions since April 1, 2001.

**Members' Accounts** — Individual accounts were maintained for each Plan Member. Each Member's account was credited with Plan earnings (losses) from the funds in which the account was invested and charged with an allocation of certain administrative and investment-related expenses, and Member specific charges, if applicable. Allocations were based on Member earnings or account balances, as defined by the Plan document. The benefit to which a Member was entitled was the benefit that could be provided from the Member's account.

**Vesting** — The Plan was amended on June 8, 2001 to provide 100% vesting for any Member who was on Boeing's active payroll on or after June 8, 2001.

**Withdrawals** — Withdrawals or distributions of benefits while a Member remained employed by any MDC-affiliated company were not permitted.

**Benefit Payments** — On termination of service, a Member could elect to receive a lump-sum amount or a joint and survivor annuity equal to the value of the Member's vested interest in his or her account. On termination of service due to death, the Member's account was paid in a lump sum to the Member's beneficiary.

**Investment Funds** — Members could allocate account balances to 18 of the investment funds in the Master Trust. These 18 investment funds consisted of common/collective trusts, separately managed U.S. equity accounts, and separately managed non-U.S. equity accounts. Investment funds were valued daily and Members could elect to change their investment allocations on a daily basis. Changes to investment allocations became effective on the day of the change or the next business day according to when the request for a change was made in relation to the stock market close of business.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — In accordance with accounting principles generally accepted in the United States of America ("GAAP"), the accompanying financial statements have been prepared on the liquidation basis of accounting.

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilized various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

**Valuation of Investments** — Investments in the Master Trust were stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. The Master Trust's investments were valued as follows:

- Common stock, including Boeing common stock, preferred stock, and other assets (rights, warrants, exchange traded options, and other exchange traded derivatives) traded in active markets on national and international exchanges were primarily valued using a market approach based on the closing market prices of identical instruments on the last trading day of the year.

- Forward and spot currency contracts were valued using spot foreign currency exchange rates if the contract length was two days or less and an interpolated rate was used for any contracts with a length greater than two days. Forwards and spot currency contracts are included in other receivables and other liabilities on the Master Trust financial statements.

- Mutual funds, which are registered investment companies, were valued using a market approach based on quoted market prices to represent the net asset value on the last trading day of the year.

- Investments in common/collective trust funds were valued based on the year-end unit value; unit values were determined by the issuer or third party administrator by dividing the fair values of the total net assets at year-end by the outstanding units. The fair values of the total net assets were determined by the nature of the underlying investments. Each underlying investment was valued at

fair value in accordance with the valuation description associated with its investment type as stated above. Units in common/collective trust funds, which hold benefit-responsive contracts, were priced based upon fair value of the underlying investment. Funds which hold Guaranteed Investment Contracts ("GICs") were fair valued and then adjusted to contract value. The fair value of traditional GICs was determined using a discounted cash flow methodology where the individual contract cash flows was discounted at the prevailing interpolated swap rate as of year-end. The fair values of the fixed-income securities underlying the fund were valued based on the pricing methodology for fixed-income securities stated below. There were no unfunded commitments, no restrictions on redemption frequency, and no advance notice periods required for redemption.

- Synthetic GICs were stated at fair value and then adjusted to contract value. There were no reserves against contract value for credit risk of the contract issuer. The fixed-income securities underlying the contracts were valued using prices provided by SSBT, which were based on the pricing methodology stated below.

- Fixed-income securities, the majority of which are not exchange-traded but are traded in active markets, were primarily valued using a market approach with observable inputs, such as observable trade prices, multiple broker-dealer quotations, related yield curves, and other assumptions about the security (prepayment projections, cash flows, and other security characteristics, etc.) and valued as of the last trading day of the year. Fixed-income securities having a delayed future settlement, such as to be announced securities ("TBAs") are valued similarly to fixed-income securities in active markets. TBA's are included in synthetic GICs and payables for securities purchased on the Master Trust financial statements.

- Securities traded in markets that are not considered active could be valued using unobservable inputs, such as less recent trade prices, single broker-dealer quotations, related yield curves, and other assumptions about the security.

- Investments in the limited partnerships were recorded based upon the year-end valuations provided by the partnerships. Among the factors considered by the partnerships in determining the fair value were developments since the acquisition of the underlying investments, the financial condition and operating results of the underlying investments, the long-term potential of each of the underlying investment's businesses, market comparable analysis, the foreign exchange rate for each of the underlying foreign investments, and other factors generally pertinent to the valuation of the underlying investments. There are no unfunded commitments, no restrictions on redemption frequency, and no advance notice periods required for redemption.

In accordance with the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 946-210-45 through 946-210-55, the Stable Value Fund and synthetic GICs are included on the Master Trust financial statements at fair value in participant-directed investments in the statements of net assets available for benefits, and an additional line item is presented representing the adjustment from fair value to contract value. The statements of changes in net assets available for benefits are presented on a contract-value basis.

Purchases and sales of securities were recorded on a trade-date basis. Dividends were recorded on the ex-dividend date. The net appreciation/depreciation in fair value of investments included both realized and unrealized gains or losses and is calculated as the difference between the fair value of the assets as of the beginning of the plan year or the purchase date in the current year and either the sales price or the end-of-year fair value.

**Benefits** — Benefits were recorded when paid.

**Forfeitures** — Forfeited amounts held under the Plan were applied toward eligible Plan expenses during 2010 and 2009. In 2010 and 2009, Plan expenses were reduced by $10,656 and $2,640, accounts respectively from forfeited accounts. At November 24, 2010 and December 31, 2009, forfeited accounts totaled $0 and $10,157, respectively.

**Expenses** — Necessary and proper expenses of the Plan were paid from the Plan assets at the Master Trust level, except for those expenses Boeing was required by law or choose to pay.

**Adoption of New Accounting Guidance** — In January 2010, the FASB issued Accounting Standards Update ("ASU") No. 2010-06, *Fair Value Measurements and Disclosures,* which amends ASC 820, *Fair Value Measurements and Disclosures*. The standard requires entities to disclose additional information regarding assets and liabilities that are transferred between Levels 1 and 2 of the fair value hierarchy and to present information about purchases, sales, issuances, and settlements on a gross basis related to Level 3 fair value measurements. Additionally, the standard clarified existing guidance regarding the level of disaggregation of fair value measurements and disclosures regarding the valuation techniques and inputs utilized in estimating Level 2 and Level 3 fair value measurements. The financial statements reflect the adoption of ASU No. 2010-06 as of December 31, 2010, except for the disclosures regarding purchases, sales, issuances, and settlements in the Level 3 reconciliation, which will be effective on January 1, 2011. The adoption of this new standard did not materially affect the Plan's financial statements.

In February 2010, the FASB issued ASU No. 2010-09, *Subsequent Events*, which amends ASC 855 to address certain implementation issues related to an entity's requirement to perform and disclose subsequent-event procedures. Subsequent events were evaluated through June 27, 2011, the date the financial statements were available to be issued.

## 3. MASTER TRUST

The Master Trust is composed of 20 investment funds, some of which are specific to individual plans. The assets are invested and records are maintained by each investment fund option. Funds are allocated to the participating plans in accordance with plan provisions and participant allocation elections. The allocation of net assets available for benefits is based on the respective number of units held by the plans' members as of the plan year-end. The allocation of the changes in net assets available for benefits is calculated daily based on the units held by the plans' members as of that day's end.

At November 24, 2010, the assets of the following plans were combined in the Master Trust:

- The Boeing Company Voluntary Investment Plan
- The Boeing Company Employee Financial Security Plan

Effective November 24, 2010, the assets of the Employee Retirement Income Plan of McDonnell Douglas Corporation — Defined Contribution Plan and the Employee Retirement Income Plan of McDonnell Douglas Corporation — Hourly Defined Contribution Plan were distributed to their Members. Any remaining account balances for missing and nonresponsive participants were transferred to the VIP.

At December 31, 2009, the assets of the following plans were combined in the Master Trust:

- The Boeing Company Voluntary Investment Plan
- The Boeing Company Employee Financial Security Plan

- Employee Retirement Income Plan of McDonnell Douglas Corporation — Defined Contribution Plan
- Employee Retirement Income Plan of McDonnell Douglas Corporation — Hourly Defined Contribution Plan

Effective November 2, 2009, the BAO Voluntary Savings Plan was merged into the VIP.

The Plan's interest in the Master Trust was $0 and $4,139,879, representing 0% and 0.01% of the Master Trust's net assets at November 24, 2010 and December 31, 2009, respectively.

Investment income (loss) for the Plan's interest in the Master Trust for the period from January 1, 2010 to November 24, 2010, and for the year ended December 31, 2009, is as follows:

| | 2010 | 2009 |
|---|---|---|
| Net appreciation of investments: | | |
| Common/collective trusts | $ 204,028 | $ 422,709 |
| Common and preferred stock | 70,230 | 183,480 |
| Mutual funds | 1,497 | 168 |
| Partnerships | (2) | 182 |
| Net appreciation of investments | 275,753 | 606,539 |
| Interest income | 4,482 | 5,171 |
| Dividend income | 8,021 | 7,547 |
| Total interest in Master Trust investment income | $ 288,256 | $ 619,257 |

## 4. FAIR VALUE OF FINANCIAL ASSETS AND FINANCIAL LIABILITIES

ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 for financial assets and financial liabilities are described below:

**Basis of Fair Value Measurement**

*Level 1* — Values are based on unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

*Level 2* — Values are based on (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in nonactive markets; or (c) valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

*Level 3* — Values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement.

The following table sets forth by level within the fair value hierarchy a summary of the Plan's interest in the Master Trust's investments by classes of assets and liabilities on the basis of the nature and risk of the investments measured at fair value on a recurring basis at December 31, 2009. As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period.

| | Quoted Prices in Active Market for Identical Asset (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Balance as of December 31, 2009 |
|---|---|---|---|---|
| Investment assets: | | | | |
| Common/collective trusts: | | | | |
| U.S. equity | $ - | $1,307,034 | $ - | $1,307,034 |
| Non-U.S. equity | | 284,493 | | 284,493 |
| Fixed income | | 895,298 | | 895,298 |
| Short term investment | | 892,193 | | 892,193 |
| Common and preferred stocks: | | | | |
| U.S. equity | 658,502 | 57 | | 658,559 |
| Non-U.S. equity | 71,161 | 27,019 | 93 | 98,273 |
| Mutual funds — equity | 3,302 | | | 3,302 |
| Partnerships | | | 727 | 727 |
| Total investment assets | 732,965 | 3,406,094 | 820 | 4,139,879 |

For the period from January 1, 2010 to November 24, 2010, there were no significant transfers in or out of Levels 1 or 2.

**Level 3 Gains and Losses** — A summary of changes in the fair value of the Plan's interest in the Master Trust's Level 3 investment assets for the period from January 1, 2010 to November 24, 2010, and the year ended December 31, 2009, is as follows:

| For the Period From January 1, 2010 to November 24, 2010 | January 1 Beginning Balance | Net Realized and Unrealized Gains (Losses) | Net Purchases, Issuances, and Settlements | Net Transfers Into (Out of) Level 3 | Transfer Out to VIP | December 31 Ending Balance |
|---|---|---|---|---|---|---|
| Financial assets: | | | | | | |
| Common and preferred stock | $ 93 | $ (7) | $ (86) | $ - | $ - | $ - |
| Partnerships | 727 | 438 | (504) | | 661 | |
| Total | $820 | $431 | $(590) | $ - | $661 | $ - |

| For the Year Ended December 31, 2009 | January 1 Beginning Balance | Net Realized and Unrealized Gains | Net Purchases, Issuances, and Settlements | Net Transfers Into (Out of) Level 3 | November 24 Ending Balance |
|---|---|---|---|---|---|
| Financial assets: | | | | | |
| Common and preferred stock | $ 25 | $ 45 | $ 23 | $ - | $ 93 |
| Partnerships | 694 | 41 | (8) | | 727 |
| Total | $719 | $ 86 | $ 15 | $ - | $820 |

The net unrealized gain on Level 3 investment assets still held as of December 31, 2009, was $43 on Common and preferred stock and $134 on Partnerships.

## 5. INFORMATION CERTIFIED BY THE TRUSTEE

As a result of the Plan administrator's election of the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following unaudited information relating to investments as of and for the period from January 1, 2010 to November 24, 2010, included in the financial statements was prepared by the trustee of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate. This information has not been audited by the Plan's independent auditors as instructed by the Plan administrator.

- Fair value of investments as of November 24, 2010, as indicated in the statement of net assets
- Net Master Trust activity for the period from January 1, 2010 to November 24, 2010, as indicated in the statement of changes in net assets
- Information contained within Notes 3 and 4 to the financial statements for the period from January 1, 2010 to November 24, 2010

## 6. PLAN AMENDMENTS

Effective December 1, 2009, the Plan was terminated. All assets in the Plan were distributed in accordance with the terms of the Plan and applicable law. Members should refer to the Plan document for distribution details.

## 7. ASSETS TRANSFERRED TO ANOTHER PLAN

Upon the termination of the Plan, remaining account balances for missing and nonresponsive Members were transferred to the VIP. The fair value of the assets transferred totaled $1,507,893.

## 8. SIGNIFICANT INVESTMENTS

At November 24, 2010, prior to its full distribution to its Members, and at December 31, 2009, the Plan's investment in the Master Trust represented 5% or more of the Plan's net assets in liquidation.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets in liquidation per the financial statements as of December 31, 2009, to Form 5500. Due to the full distribution of assets of the Plan as of November 24, 2010, there were no assets in liquidation per the financial statements at November 24, 2010.

| | 2010 | 2009 |
|---|---|---|
| Net assets in liquidation per the financial statements | $ - | $ - |
| Estimated payments to participants upon liquidation | | 4,139,879 |
| Amounts allocated to withdrawing Members | | (12,770) |
| Net assets available for benefits per Form 5500 | $ - | $4,127,109 |

The following is a reconciliation of benefits paid to Members per the financial statements for the period from January 1, 2010 to November 24, 2010, to Form 5500:

| | |
|---|---|
| Benefits paid to Members per the financial statements | $2,915,643 |
| Amounts allocated to withdrawing Members — December 31, 2009 | (12,770) |
| Benefits paid to Members per Form 5500 | $2,902,873 |

Amounts allocated to withdrawing Members are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

## 10. RELATED-PARTY TRANSACTIONS

Certain Master Trust investments were managed by SSBT. SSBT was the trustee as defined by the Plan and, therefore, these transactions qualified as party-in-interest transactions. The investment management fees for the Plan were paid at the Master Trust level and included as a reduction of the return earned on each investment.

## 11. TAX STATUS

The Internal Revenue Service (IRS) had determined and informed Boeing by a letter, dated March 1, 2010, that the Plan was designed in accordance with applicable sections of the Internal Revenue Code, and that the termination of the Plan did not adversely affect its qualified status. Therefore, the Plan administrator believed the Plan's tax-exempt status had not been affected, and no provision for income taxes was included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 24, 2010 and December 31, 2009, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2004.

## 12. PLAN TERMINATION

Boeing terminated the Plan (see Notes 1 and 6), subject to the provisions set forth in ERISA. All assets were distributed in accordance with the terms of the Plan and applicable law.

* * * * * *

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

**File With IRS Only**

## Part I Identification

**A** Name of filer, plan administrator, or plan sponsor (see instructions)
MDC, a Wholly Owned Subsidiary of The Boeing Company
Number, street, and room or suite no. (If a P.O. box, see instructions)
C/O Boeing Employee Benefits P.O. Box 3707, M/C 11-57
City or town, state, and ZIP code
Seattle, WA 98124-2207

**B** Filer's identifying number (see instructions).
☑ Employer identification number (EIN).
43 0400674
☐ Social security number (SSN)

| C | Plan name | Plan number | Plan year ending— MM | DD | YYYY |
|---|---|---|---|---|---|
| 1 | ERIP of MDC - Defined Contribution Plan | 022 | 11 | 24 | 2010 |
| 2 | ERIP of MDC - Hourly Defined Contribution Plan | 024 | 11 | 24 | 2010 |
| 3 | | | | | |

## Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

**1** I request an extension of time until 9 / 1 / 2011 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

**You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.**

**Note.** A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

## Part III Extension of Time to File Form 5330 *(see instructions)*

**2** I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

**a** Enter the Code section(s) imposing the tax . . . . . ► a

**b** Enter the payment amount attached . . . . . ► b

**c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► c

**3** **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature** ► **Date** ►

# General Instructions

## Purpose of Form

Use Form 5558 to apply for a one-time extension of time to file Form 5500, Annual Return/Report of Employee Benefit Plan; Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan; or Form 5330, Return of Excise Taxes Related to Employee Benefit Plans.

*An extension of time to file does not extend the time to pay the tax due. Any tax due must be paid with this application. Additionally, interest is charged on taxes not paid by the due date even if an extension of time to file is granted.*

## Where To File

File Form 5558 with the Internal Revenue Service Center, Ogden, UT 84201-0027.

**Private Delivery Services.** You can use certain private delivery services designated by the IRS to meet the "timely mailing treated as timely filing/paying" rule for tax returns and payments. If you use a private delivery service designated by the IRS (rather than the U.S. Postal Service) to send your return, the postmark date generally is the date the private delivery service records in its database or marks on the mailing label. The private delivery service can tell you how to get written proof of this date.

The following are designated private delivery services:

- DHL Express (DHL): DHL Same Day Service, DHL Next Day 10:30 am, DHL Next Day 12:00 pm, DHL Next Day 3:00 pm, and DHL 2nd Day Service.
- Federal Express (FedEx): FedEx Priority Overnight, FedEx Standard Overnight, FedEx 2 Day, FedEx International Priority, and FedEx International First.
- United Parcel Service (UPS): UPS Next Day Air, UPS Next Day Air Saver, UPS 2nd Day Air, UPS 2nd Day Air A.M., UPS Worldwide Express Plus, and UPS Worldwide Express.

# Specific Instructions

## Part I. Identification

### A. Name and Address

Enter your name and address in the heading if you are a single employer requesting an extension of time to file the Form 5500, Form 5500-EZ or the Form 5500, Form 5500-EZ or Form 5330. If you are filing for other than a single employer, enter the plan administrator's or plan sponsor's name and address on the application. The plan sponsor listed on this application should be the same as the plan sponsor listed on the annual return/report filed for the plan.

Include the suite, room, or other unit number after the street address. If the Post Office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

### B. Filer's Identifying Number

**Employer Identification Number (EIN).** Enter the nine-digit EIN assigned to the employer for all applications filed for Form 5500 or Form 5500-EZ. Also enter the EIN for applications filed for Form 5330 (see *Social Security Number (SSN)* below for exceptions).

If the employer does not have an EIN, the employer must apply for one. An EIN can be applied for:

- Online by clicking the Online EIN Application link at *www.irs.gov.* The EIN is issued immediately once the application information is validated.
- By telephone at 1-800-829-4933.
- By fax using the FAX-TIN numbers for your state listed on page 2 of the Instructions for Form SS-4.
- Employers who do not have an EIN may apply for one by attaching a completed Form SS-4, Application for Employer Identification Number, to this form.

The online application process is not yet available for corporations with addresses in foreign countries or Puerto Rico.

**Social Security Number (SSN).** If you made excess contributions to a Code section 403(b)(7)(A) custodial account or you are a disqualified person other than an employer, enter your SSN.

### C. Plan Information

Complete the entire table (plan name, plan number, and plan year ending) for all plans included on this Form 5558.

## Part II. Extension of Time to File Form 5500 or Form 5500-EZ

Use Form 5558 to apply for a one-time extension of time to file Form 5500 or Form 5500-EZ.

***Exception:*** Form 5500 and Form 5500-EZ filers are automatically granted extensions of time to file until the extended due date of the federal income tax return of the employer (and are not required to file Form 5558) if all the following conditions are met: (1) the plan year and the employer's tax year are the same; (2) the employer has been granted an extension of time to file its federal income tax return to a date later than the normal due date for filing the Form 5500 or Form 5500-EZ; and (3) a photocopy of the IRS extension of time to file the federal income tax return is attached to the Form 5500 or Form 5500-EZ. An extension granted under this exception cannot be extended further by filing a Form 5558 after the normal due date of the Form 5500 or Form 5500-EZ.

An extension of time to file a Form 5500 or Form 5500-EZ does not operate as an extension of time to file the PBGC Form 1.

**How to file.** In general, a separate Form 5558 is used for each return for which you are requesting an extension. However, if you are a single employer and all your plan years end on the same date, file only one Form 5558 to request an extension of time to file more than one Form 5500 or Form 5500-EZ. Attach a photocopy of the completed extension request to your Form 5500 or Form 5500-EZ.

**When to file.** To request an extension of time to file Form 5500 or Form 5500-EZ, file Form 5558 on or before the return's normal due date. The normal due date is the date the Form 5500 or Form 5500-EZ would otherwise be due, without extension.

Applications for extension of time to file Form 5500 and Form 5500-EZ that are filed on or before the return/report's normal due date on a properly completed Form 5558 will be automatically approved to the date that is not more than 2½ months after the return/report's normal due date.

Approved copies of Form 5558, requesting an extension to file Form 5500 or Form 5500-EZ, will not be returned to the filer from the IRS.

**Line 1.** Enter on line 1 the due date for which you are requesting to file Form 5500 or Form 5500-EZ. This date should not be more than 2½ months after the normal due date of the return.

When using Form 5558 to request an extension of time to file Form 5500 or Form 5500-EZ plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an additional 2½ months to file Form 5500 or Form 5500-EZ.

## Part III. Extension of Time to File Form 5330

File one Form 5558 to request an extension of time to file Form 5330 for excise taxes with the same filing due date. For specific information on excise tax due dates, see the Instructions for Form 5330.

**Note:** Effective January 1, 2008, the IRS will no longer return stamped copies of the Form 5558 to filers who request an extension of time to file a Form 5330. Instead you will receive a computer generated notice to inform you if your extension is approved or denied. Because of this change, we ask you to attach a photocopy of this notice to your Form 5330.

**When to file.** To request an extension of time to file Form 5330, file Form 5558 in sufficient time for the Internal Revenue Service to consider and act on it before the return's normal due date.

The normal due date is the date the Form 5330 would otherwise be due, without extension.

**Line 2.** On line 2, enter the requested due date. If your application for extension of time to file Form 5330 is approved, you may be granted an extension of up to 6 months after the normal due date of Form 5330.

**Line 2a.** Indicate the Code section(s) for the excise tax you are requesting an extension.

**Line 2b.** Enter the amount of tax estimated to be due with Form 5330 and attach your payment to this form.

Make your check or money order payable to the "United States Treasury." Do not send cash. On all checks or money orders, write your name, Filer's identifying number (EIN or SSN), Plan number, Form 5330 Section number, and the tax year to which the payment applies.

If you changed your mailing address after you filed your last return, use Form 8822, *Change of Address,* to notify the IRS of the change. You can get Form 8822 by calling 1-800-829-3676 or you can access the IRS website at *www.irs.gov* 24 hours a day, 7 days a week.

**Line 3.** The IRS will grant a reasonable extension of time (not to exceed 6 months) for filing Form 5330 if you file a timely application showing that you are unable to file Form 5330 because of circumstances beyond your control. Clearly describe these circumstances. Generally, an application will be considered on the basis of your own efforts to fulfill this filing responsibility, rather than the convenience of anyone providing help in preparing the return. However, consideration will be given to any circumstances that prevent your practitioner, for reasons beyond his or her control, from filing the return by the normal due date, and to circumstances in which you are unable to get needed professional help in spite of timely efforts to do so.

*If we grant you an extension of time to file Form 5330 and later find that the statements made on this form are false or misleading, the extension will be null and void. A late filing penalty associated with the form for which you filed this extension will be charged.*

**Signature.** If you are filing Form 5558 for an extension to file Form 5330, the form must be signed. The person who signs this form may be an employer, plan sponsor, plan administrator, a disqualified person required to file Form 5330, an attorney or certified public accountant qualified to practice before the IRS, a person enrolled to practice before the IRS, or a person holding a power of attorney.

## Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to determine if you are entitled to an extension of time to file Form 5500, 5500-EZ, or 5330. If you want an extension, you are required to give us the information. Section 6109 requires you to provide your taxpayer identification number (SSN or EIN). If you fail to provide this information in a timely manner, you may be liable for penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by Code section 6103.

However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice to enforce the tax laws, both civil and criminal, and to cities, states, the District of Columbia, U.S. commonwealths or possessions, and certain foreign governments to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal law, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time: 24 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave., NW, IR-6526, Washington, DC 20224. Do not send the tax form to this address. Instead, see *Where To File* on page 2.