

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> 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>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HAWKER BEECHCRAFT SAVINGS AND INVESTMENT 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>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>04/01/2007</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>04/01/2007</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HAWKER BEECHCRAFT CORPORATION</u> <u>10511 EAST CENTRAL</u> <u>P. O. BOX 85</u> <u>WICHITA, KS 67201-0085</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>48-0135770</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>316-676-1358</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>48-0135770</u>	2c Sponsor's telephone number <u>316-676-1358</u>	2d Business code (see instructions) <u>336410</u>	
2b Employer Identification Number (EIN) <u>48-0135770</u>					
2c Sponsor's telephone number <u>316-676-1358</u>					
2d Business code (see instructions) <u>336410</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.	<u>08/01/2011</u>	<u>SHARAD JIWANLAL</u>
	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") HAWKER BEECHCRAFT CORPORATION 10511 EAST CENTRAL P. O. BOX 85 WICHITA, KS 67201-0085	3b Administrator's EIN 48-0135770 3c Administrator's telephone number 316-676-1358
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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
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5 Total number of participants at the beginning of the plan year	5	8295
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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	6189
b Retired or separated participants receiving benefits.....	6b	26
c Other retired or separated participants entitled to future benefits.....	6c	1764
d Subtotal. Add lines 6a , 6b , and 6c	6d	7979
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	19
f Total. Add lines 6d and 6e	6f	7998
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	7415
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	370

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3H

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 12/31/2010		
A Name of plan HAWKER BEECHCRAFT SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 HAWKER BEECHCRAFT CORPORATION	D Employer Identification Number (EIN) 48-0135770	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71 60	RECORDKEEPER	192630	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AM CENT SM CAP VAL I - AMERICAN CEN 44-0619208	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.15%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ARTISAN MID CAP VAL - BOSTON FINANC 04-2526037	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
COHEN & STEERS RLTY - BOSTON FINANC 04-2526037	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL VALUE & RSTRG Z - COLUMBIA MGT PO BOX 8081 BOSTON, MA 02266-8081	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL/ACORN SELECT Z - COLUMBIA MGT I PO BOX 8081 BOSTON, MA 02266-8081	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INTL STK - BOSTON FINAN 04-2526037	0.10%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GS MIDCAP VALUE INST - GOLDMAN, SAC 13-5108880	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD CAP APP IA - HARTFORD INVE 13-3317783	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HRTFRD MIDCAP HLS IA - HARTFORD INV 13-3317783	0.05%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HTFD INTL OPP HLS IA - HARTFORD INV 13-3317783	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS BASIC VAL INST - INVESCO INVES 1555 PEACHTREE ST ATLANTA, GA 30309	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MARSICO FOCUS - UMB FUND SERVICES I 39-1657495	0.50%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MSIF SMALL CO GRTH I - MORGAN STANL 13-3799749	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MUNDER MDCPCORE GR Y - BNY MELLON I 40 PIERCE ST BIRMINGHAM, MI 48009	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK EQ & INC I - BOSTON FINANCI 04-2526037	0.35%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK GLOBAL I - BOSTON FINANCIAL 04-2526037	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR INTL SM CO Y - OPPENHEIMERFU PO BOX 5270 DENVER, CO 80217-5270	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW VALUE OPPS I - US BANCORP FUND 39-0281260	0.35%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP SM CAP STOCK - T ROWE PRICE INV	0.15%	
52-1184650		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TURNER EMRG GRTH INV - DST SYSTEMS,	0.40%	
43-1581814		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
WFA INTL BOND IS - EVERGREEN SERVIC	0.20%	
04-1504645		

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
-----------------	---

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HAWKER BEECHCRAFT SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ►	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HAWKER BEECHCRAFT CORPORATION	D Employer Identification Number (EIN) 48-0135770	

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: FIDELITY MIP II CL 2			
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY			
c EIN-PN 04-3022712-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88517168	
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

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 12/31/2010		
A Name of plan HAWKER BEECHCRAFT SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 HAWKER BEECHCRAFT CORPORATION	D Employer Identification Number (EIN) 48-0135770	

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)	145721	274942
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15822	19232
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26253719	24860171
(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)	48061377	37551198
(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)	26045566	25265913
(9) Value of interest in common/collective trusts	1c(9)	90799247	88517168
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	244418536	278533737
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	435739988	455022361

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	8843	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8843	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	435731145	455022361
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10609878	
(B) Participants	2a(1)(B)	27390220	
(C) Others (including rollovers)	2a(1)(C)	1618905	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		39619003

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4985	
(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)	1146017	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1151002

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1267711	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5820237	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7087948

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7514282	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7608599	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-94317

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-4169291	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-4169291
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3508045
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		32595783
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		79698173

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60178900	
(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)		60178900
f Corrective distributions (see instructions)	2f		1077
g Certain deemed distributions of participant loans (see instructions).....	2g		27490
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)	199490	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		199490
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		60406957

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		19291216
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: PRICEWATERHOUSECOOPERS

(2) EIN: 13-1008324

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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 ☐ Yes ☒ No Amount:

- 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)

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 12/31/2010

A Name of plan <u>HAWKER BEECHCRAFT SAVINGS AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAWKER BEECHCRAFT CORPORATION</u>	D Employer Identification Number (EIN) <u>48-0135770</u>

Part I	Distributions
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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	<u>0</u>
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): <u>04-6568107</u>		
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	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
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		
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
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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

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

Schedule R (Form 5500) 2010
v.092308.1

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):

- 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): _____

Hawker Beechcraft Savings and Investment Plan

**Financial Statements and Supplemental Schedule
December 31, 2010 and 2009**

Hawker Beechcraft Savings and Investment Plan
Index
December 31, 2010 and 2009

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- * Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

To the Participants and Administrator of the
Hawker Beechcraft Savings and Investment Plan,

We were engaged to audit the financial statements and supplemental schedules of Hawker Beechcraft Savings and Investment Plan (the "Plan") at December 31, 2010 and 2009 for the years then ended as listed in the accompanying index. These financial statements and schedules 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 4 which was certified by Fidelity Management Trust Company the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 a certification from the trustee as of December 31, 2010 and December 31, 2009 and for the years then ended. The information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee have been audited by us 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 Security Act of 1974.

PricewaterhouseCoopers LLP

7/29/2011
St. Louis, Missouri

Hawker Beechcraft Savings and Investment Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments, at fair value (Note 4)		
Common stock	\$ 37,551,198	\$ 48,061,378
Registered investment companies	278,533,737	244,418,535
Common collective trusts	88,517,168	90,799,247
Interest-bearing cash	24,860,171	26,253,719
Total investments	429,462,274	409,532,879
Receivables		
Employer contributions	274,942	145,721
Notes receivable from participants	25,280,292	26,045,566
Accrued investment income and other receivables	19,231	15,822
Total receivables	25,574,465	26,207,109
Total assets	455,036,739	435,739,988
Liabilities		
Other payables	2,600	8,843
Total liabilities	2,600	8,843
Net assets available for benefits at fair value	455,034,139	435,731,145
Adjustment from fair value to contract value for interest in fully benefit-responsive investment contracts	(874,047)	1,140,810
Net assets available for benefits	\$ 454,160,092	\$ 436,871,955

The accompanying notes are an integral part of these financial statements.

Hawker Beechcraft Savings and Investment Plan
Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010 and 2009

	2010	2009
Additions to net assets attributable to		
Net appreciation in fair value of investments (Note 4)	\$ 29,825,363	\$ 54,996,274
Interest and dividends	8,253,329	7,453,044
	<u>38,078,692</u>	<u>62,449,318</u>
Contributions and deferrals		
Employee contributions	27,396,463	32,036,092
Employer contributions	10,609,877	17,321,245
Rollover contributions	1,618,905	1,116,901
	<u>39,625,245</u>	<u>50,474,238</u>
Total additions	<u>77,703,937</u>	<u>112,923,556</u>
Deductions from net assets attributable to		
Distributions to participants	60,216,310	52,693,818
Administrative expenses	199,490	227,405
Total deductions	<u>60,415,800</u>	<u>52,921,223</u>
Increase in net assets available for benefits	<u>17,288,137</u>	<u>60,002,333</u>
Net assets available for benefits		
Beginning of year	436,871,955	376,869,622
End of year	<u>\$ 454,160,092</u>	<u>\$ 436,871,955</u>

The accompanying notes are an integral part of these financial statements.

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

1. Description of Plan

General

The following description of the Hawker Beechcraft Savings and Investment Plan (the "Plan") provides only general information. Participants of the Plan should refer to the plan document for a complete description of the Plan's provisions.

Hawker Beechcraft, Inc. ("HBI") was formed in late 2006 by GS Capital Partners VI, L.P., an affiliate of The Goldman Sachs Group, Inc., and Onex Partners II LP, an affiliate of Onex Corporation, for the purpose of purchasing the Raytheon Aircraft business from Raytheon Company (the "Acquisition"). The Plan is a defined contribution plan sponsored by Hawker Beechcraft Corporation, covering the majority of employees of Hawker Beechcraft Corporation and its affiliates ("HBC" or the "Company"). HBC is a wholly owned subsidiary of HBI. The Acquisition was completed on March 26, 2007. The Plan was adopted on the date of the Acquisition.

The Plan consists of two parts, the Savings and Investment Plan ("401(k) Plan") and the Retirement Income Savings Program ("RISP"). The 401(k) Plan is comprised of contributions from employees ("Employee Contributions") and the Company ("Company Match"). The RISP is comprised of contributions from the Company ("RISP Contributions") only. Most employees are immediately eligible to enroll in the 401(k) Plan on the first day of service. Most employees hired or rehired on or after January 1, 2007 who are not covered under a collective bargaining agreement and are not accruing a benefit under a tax-qualified defined benefit pension plan sponsored by the Company ("RISP Participants") are immediately eligible to participate and are enrolled in the RISP. The purpose of the Plan is to provide participants with a tax-effective means of meeting both short-term and long-term investment objectives.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan's investments are held in the Hawker Beechcraft Savings and Investment Plan Trust (the "Trust").

The Plan was adopted on March 26, 2007. See Summary of Significant Accounting Policies (Note 2) below for further details.

Contributions and Deferrals

Employees may contribute to the 401(k) Plan up to 50% of their annual compensation. Annual earnings in excess of \$245,000, adjusted annually for changes in the cost of living as provided in Section 401(a)(17) of the Internal Revenue Code (the "Code"), are not eligible when determining benefits under the Plan. Employee contributions, including rollovers, are invested based on an investment allocation determined by participant elections ("Investment Allocation"). For 2010, the annual employee pre-tax elective deferral contributions for a participant cannot exceed \$16,500, except for catch-up contributions. Participants also may make after-tax contributions, but total employee (pre-tax and after-tax) contributions and employer contributions may not exceed \$49,000 for the 2010 plan year, except for catch-up contributions. A participant who is eligible to make elective pre-tax contributions and is at least age 50 by the end of 2010 may make pre-tax catch-up contributions up to \$5,500.

For bargaining unit employees, the Company matches 100% of the first 4% of compensation that a participant contributes to the 401(k) Plan ("Company Match") each pay period. The Company match for all non-union employees was suspended in October 2009. In October 2010, the

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

Company reinstated the match for non-union employees, matching 50% of the first 4% of contributions. Company Match is made in cash and is invested based on the participant's Investment Allocation.

The Company makes RISP Contributions in addition to any Company Match that may be contributed. The RISP Contributions range from 3% to 9% of compensation and are determined by the employee's age, date of employment or re-employment, and number of years employed since the date of employment or re-employment (whichever is most recent) and are made in cash and invested based on the participant's Investment Allocation.

Participants may invest contributions in increments of 1% in any combination of investment alternatives available, subject to percentage limitations applicable to some funds. The investment objectives range from investments with an emphasis on preservation of capital to equity investments with an emphasis on capital gains. The underlying investment opportunities include cash and equivalents, registered investment companies, common collective trusts, bonds and other investments.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's Match, and an allocation of Plan earnings ("401(k) Account"). RISP Participants will have a separate account ("RISP Account") to which all RISP Contributions and earnings will be credited. Plan earnings are allocated based on account balances by investment option. Expenses payable by the Plan are charged to participant accounts.

Participants are not permitted to make a direct exchange from the Fidelity Managed Income Portfolio II to the Fidelity Money Market Trust Retirement Money Market Portfolio because they are competing funds. All money has to be exchanged to a noncompeting fund for at least 90 days before being exchanged into the Fidelity Money Market Trust Retirement Money Market Portfolio.

Vesting

All Employee Contributions, Company Match and earnings related to Employee Contributions and Company Match are immediately 100% vested for each Plan participant performing one hour of service. For RISP Participants, all RISP Contributions and earnings related to RISP Contributions are 100% vested after three uninterrupted years of work at the Company. RISP Contributions for most RISP Participants who terminated on or prior to December 31, 2006 and were then rehired on or after January 1, 2007 are immediately 100% vested. Forfeitures of the nonvested portions of participants' RISP accounts are used to reduce Company contributions. Forfeitures for the Plan were \$829,808 and \$517,762 for the years ended December 31, 2010 and 2009, respectively.

Distributions to Participants

A participant may make certain in-service withdrawals, including all or a portion of participant after-tax contributions and related earnings at any time and all or a portion of participant pre-tax Employee Contributions, Company Match and related earnings upon attainment of the age 59 and one half. For reasons of financial hardship, a participant may withdraw all or a portion of participant Employee Contributions, Company Match and related earnings subject to a reduction in the maximum participant pre-tax contribution rate for the next six months. On termination of employment, a participant will receive a lump-sum distribution unless the vested account is valued in excess of \$1,000, and the participant elects to defer distribution. Otherwise, a terminated participant may defer the distribution until April 1 of the year following the year in which the participant reaches the age 70 and one half.

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

Loans to Participants

A participant may borrow a portion of the balance in the participant's 401(k) account, subject to certain restrictions. The maximum amount of a loan is the lesser of one-half of the participant's account balance or \$50,000. The minimum loan is \$500. Loans are secured by the balance in the participant's account and bear a reasonable rate of interest commensurate with the interest rates charged under similar circumstances by persons in the business of lending money. Loans must be repaid over a period of up to five years, except that if the loan is used to acquire a dwelling which is to be used as a principal residence of the participant, the repayment period may extend to up to 15 years. Loan payments and interest payments are credited to the borrower's account in the investment fund or funds according to the participant's current investment election. Loans are valued at principal outstanding. The interest rates on the outstanding loans ranged from 3.25% to 9.5% as of December 31, 2010. Loans may not be secured against a RISP Participant's RISP Account.

2. Summary of Significant Accounting Policies

Use of Estimates and Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting, except for benefit payments, which are recorded when paid.

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from the estimates included in the financial statements.

Risks and Uncertainties

The Plan provides for various investment options in any combination of stocks, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults, and credit rating downgrades.

Investment Valuation and Income Recognition

Plan investments are stated at fair value.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation in the fair value of its investments.

Security transactions are recorded on the trade date.

Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned on an accrual basis.

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

As described in FASB Accounting Standards Codification 962, *Plan Accounting* ("ASC 962"), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust. As required by ASC 962, the Statement of Net Assets Available for Benefits presents the fair value of the fully benefit responsive investment contracts in the collective trust and the adjustment from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Administrative Expenses

Substantially all expenses of administering the Plan, such as legal and other administration fees, are charged to participant accounts, usually allocated evenly among all accounts based on the number of participants. Administrative expenses not paid by the Plan may be paid by the Company.

Recent Accounting Pronouncements

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (Topic 820) ("ASU 2010-06") which requires new disclosures and clarifies existing disclosures required under current fair value guidance. Under the new guidance, a reporting entity must disclose separately gross transfers in and gross transfers out of Levels 1, 2, and 3 and describe the reasons for the transfers. A reporting entity must also disclose and consistently follow its policy for determining when transfers between levels are recognized. The new guidance also requires separate presentation of purchases, sales, issuances, and settlements rather than net presentation in the Level 3 reconciliation. ASU 2010-06 also requires that the fair values of derivative assets and liabilities be presented on a gross basis except for the Level 3 reconciliation which may be presented on a net or a gross basis. The ASU also makes clear the appropriate level of disaggregation for fair value disclosures, which is generally by class of assets and liabilities, as well as clarifies the requirement to provide disclosures about valuation techniques and inputs for both recurring and nonrecurring fair value measurements that fall under Level 2 or Level 3. The new disclosure requirements will be effective for the Plan year ending December 31, 2010 with the exception of the requirement to separately disclose purchases, sales, issuances, and settlements which will be effective for the Plan year ending December 31, 2011. The Plan adopted ASU 2010-06 in 2010 with the exception of the requirement to separately disclose purchases, sales, issuances, and settlements. See Note 3 for the fair value measurements and disclosures presented by the plan. The adoption of this requirement in 2011 is not expected to have a significant impact on the financial statements.

In September 2010, the FASB issued an update to the authoritative guidance for loans to participants by defined contribution pension plans. This update rendered participant loans exempt from the requirements of fair value reporting per ASC 825-10-50-10 through 50-16 and requires participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This update is effective for fiscal years ending after December 15, 2010 and should be applied retrospectively. The Plan adopted this policy on a retrospective basis.

3. Fair Value Measurements

Effective January 1, 2008, the Plan adopted the provisions of ASC 820. ASC 820 defines fair value, establishes a framework for measuring fair value and requires expanded disclosures regarding fair value measurements.

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into the following three broad categories:

Level 1 Inputs – Quoted prices for identical assets and liabilities in active markets.

Level 2 Inputs – Quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; observable inputs other than quoted prices; and inputs that are derived principally from or corroborated by other observable market data.

Level 3 Inputs – Unobservable inputs reflecting the entity's own assumptions about the assumptions market participants would use in pricing the asset or liability.

The following tables present the Plan's assets measured at fair value on a recurring basis:

December 31, 2010				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Mutual funds				
Index funds	\$ 26,921,056	\$ -	\$ -	\$ 26,921,056
Balanced funds	121,901,374	-	-	121,901,374
Growth funds	126,074,862	-	-	126,074,862
Fixed income funds	3,636,445	-	-	3,636,445
Common stock				
Industrials	37,551,198	-	-	37,551,198
Interest-bearing cash	24,860,171			24,860,171
Common collective trust	-	88,517,168	-	88,517,168
Total	\$ 340,945,106	\$ 88,517,168	\$ -	\$ 429,462,274

December 31, 2009				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Mutual funds				
Index funds	\$ 25,117,555	\$ -	\$ -	\$ 25,117,555
Balanced funds	104,142,594	-	-	104,142,594
Growth funds	110,913,417	-	-	110,913,417
Fixed income funds	4,244,969	-	-	4,244,969
Common stock				
Industrials	48,061,378	-	-	48,061,378
Interest-bearing cash	26,253,719			26,253,719
Common collective trust	-	90,799,247	-	90,799,247
Total	\$ 318,733,632	\$ 90,799,247	\$ -	\$ 409,532,879

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds – valued at the net asset value (“NAV”) of shares held by the Plan at year end.

Common stock – valued at the closing price reported on the active market on which the individual securities are traded.

Interest-bearing cash – valued at cost, which approximates fair value.

Hawker Beechcraft Savings and Investment Plan
Notes to Financial Statements
December 31, 2010 and 2009

Common collective trust – valued at the net asset value ("NAV") of units held at year end. Although the common/collective trusts are not available in an active market, the NAV of the units are approximated based on the quoted prices of the underlying investments that are traded in an active market. There are no restrictions on redemptions with this trust.

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

4. Investments

The following tables present the Plan's fair value of investments at December 31, 2010 and 2009.

Investments that represent five percent or more of the Plan's net assets are separately identified.

Investments at Fair Value	December 31, 2010	December 31, 2009
Hartford International Opp HLS IA	942,381	-
Cohen & Steers Realty Shares	4,058,415	2,572,706
T. Rowe Price Small Cap Stock	5,264,986	3,835,280
PIMCO Total Return Inst CL	13,882,042	11,113,716
Vanguard Total Bond Market Index Fund Signal	2,561,912	2,500,980
COL Value & Rstrg Z	6,871,742	6,603,174
TCW Value Opps CL I	1,399,385	1,144,626
Oakmark Equity & Income CL I	5,687,696	5,676,342
American Cent Small Cap Val Instl CL	4,408,819	2,919,887
Vanguard Morgan Growth Fund Admiral Shares	3,217,567	3,148,637
Vanguard PRIMECAP Fund Admiral Shares	9,217,172	9,230,695
Vanguard Windsor Fund Admiral Shares	2,331,606	2,096,021
Hartford Capital Appreciation HLS Fund Class IA	11,430,123	10,986,893
Marsico Focus	2,438,033	2,180,311
Hartford MidCap Fund HLS IA	9,336,529	7,334,312
Morgan Stanley Institutional Fund, Inc. Small Company Growth Portfolio Class I Shares	1,804,562	1,668,832
Artisan Mid Cap Value Inv CL	1,553,145	1,469,225
Turner Emerging Growth Inv CL	9,935,398	7,911,561
Oakmark Global CL I	4,874,011	4,839,923
First Eagle Overseas Inst CL	6,318,384	5,485,429
Columbia Acorn Select Fund Class Z	6,312,375	4,828,331
Evergreen International Bond Fund Institutional Class	-	4,244,969
Wells Fargo International Bond Fund IS	3,636,445	-
Dodge & Cox Intl Stock	5,485,721	5,688,262
Invesco Basic Value Instl	921,639	-
AIM Basic Value Instl CL	-	1,167,620
Seligman Comm & Information CL A	1,827,274	1,924,838
Hartford International Growth HLS Fund IA Class	-	1,018,515
Munder Mid-Cap Core Growth Class Y	1,586,737	1,231,970
Oppenheimer International Small Company Fund Y Class	8,638,412	6,764,782
Raytheon Common Stock	37,550,036 *	48,060,115 *
Fidelity Equity-Income Fund	24,229,349 *	23,401,569 *
Select Health Care Portfolio	1,301,724	964,192
Fidelity Balanced Fund	13,899,257	13,835,630
Fidelity International Discovery Fund	3,387,584	3,728,993
Fidelity Blue Chip Growth Fund	15,269,553	12,741,108
Fidelity Freedom Income Fund	600,922	334,816
Fidelity Freedom 2000 Fund	193,057	110,043
Fidelity Freedom 2010 Fund	3,327,498	3,403,255
Fidelity Freedom 2020 Fund	11,785,940	9,697,668
Fidelity Freedom 2030 Fund	8,250,139	6,356,568
Spartan International Index Fund - Investor Class	811,825	984,830
Fidelity Money Market Trust Retirement Money Market Portfolio	24,860,171 *	26,253,719 *
Spartan US EQ Index	23,547,319 *	21,631,745
Fidelity Freedom 2040 Fund	5,121,383	3,967,451
Managed Income Portfolio II Class 2	88,517,168 *	90,799,247 *
Fidelity Freedom 2005 Fund	249,261	328,197
Fidelity Freedom 2015 Fund	8,157,157	6,474,193
Fidelity Freedom 2025 Fund	11,412,439	8,267,058
Fidelity Freedom 2035 Fund	5,826,067	4,488,953
Fidelity Freedom 2045 Fund	3,153,749	2,446,785
Fidelity Freedom 2050 Fund	2,067,003	1,667,644
Raytheon Stock - Stock Purchase Account	1,162	1,263
Total Investments	\$ 429,462,274	\$ 409,532,879

* Investments represent 5% or more of net assets available for benefits.

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

During the year ended December 31, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as those investments held during the year) appreciated in value by \$29,825,363. During the year ended December 31, 2009, the Plan's investments appreciated in value by \$54,996,274. Net appreciation by investment category for the years ended December 31, 2010 and 2009 was as follows:

	Year Ended December 31, 2010	Year Ended December 31, 2009
Registered investment companies	\$ 32,595,782	\$ 53,656,512
Common collective trusts	1,493,188	1,797,517
Other investments	(4,263,607)	(457,755)
Net appreciation in fair value of investments	<u>\$ 29,825,363</u>	<u>\$ 54,996,274</u>

5. Plan Termination

Although it has not expressed any intention to do so, the Company reserves the right under the Plan at any time to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, all participants become fully vested in their accounts. In the event of plan termination, after payment of all expenses and adjustment of accounts to reflect such expenses, fund losses or profits, and reallocations, each participant shall be entitled to receive all amounts then in his or her account.

6. Federal Income Tax Status

The Plan applied for a determination letter in January 2011. Although the determination letter has not yet been received, the Plan sponsor believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (the "Code"). Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. As noted above, the Plan has applied for a tax determination letter from the Internal Revenue Service in the 2011 Plan year. Management does not expect that any uncertain tax positions will require further disclosure as a result of the application process. The Plan believes it is no longer subject to income tax examinations for years prior to 2008.

7. Parties-in-Interest

The trustee of the Plan is Fidelity Management Trust Company (the "Trustee"). Certain Plan investments are shares of registered investment companies managed by affiliates of the Trustee and therefore, these transactions qualify as party-in-interest transactions. The fair value of the Plan's investments managed by Fidelity totaled \$255,968,565 and \$241,883,664 at December 31, 2010 and 2009, respectively. Fidelity is considered a party-in-interest as defined by ERISA.

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

8. Summary of Information Certified by the Trustee

As permitted by 29 CFS 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan sponsor has accepted the certifications of Fidelity Management Trust Company as to the accuracy and completeness of the investment information included in the accompanying financial statements and schedule and instructed the Plan's independent auditors not to perform any auditing procedures with respect to such information. Accordingly, the following information certified by Fidelity as of and for the years ended December 31, 2010 and 2009 was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying financial statements and schedule:

- Investments at fair value as of December 31, 2010 and 2009, which are included in the Statement of Net Assets Available for Benefits.
- Net appreciation, which is included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010 and 2009.
- All information regarding assets held by the trustee at December 31, 2010 as included in Schedule H.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2010 and 2009:

	<u>December 31, 2010</u>	<u>December 31, 2009</u>
Net assets available for benefits per the financial statements	\$ 454,160,092	\$ 436,871,955
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	874,047	(1,140,810)
Accrued interest on participant loans	(14,379)	-
Accrued corrective distributions - 2010	<u>2,600</u>	<u>-</u>
Net assets available for benefits per the 5500	<u>\$ 455,022,360</u>	<u>\$ 435,731,145</u>

Hawker Beechcraft Savings and Investment Plan

Notes to Financial Statements

December 31, 2010 and 2009

The following is a reconciliation of the financial statements to the Form 5500 for the years ended December 31, 2010 and 2009:

	<u>December 31, 2010</u>	<u>December 31, 2009</u>
Total additions per the financial statements	\$ 77,703,937	\$ 112,923,556
Adjustment from contract value to fair value for fully benefit-responsive investment contracts - December 31, 2010	874,047	\$ -
Adjustment from contract value to fair value for fully benefit-responsive investment contracts - December 31, 2009	1,140,810	(1,140,810)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts - December 31, 2008	-	3,827,390
Accrued interest on participant loans	(14,379)	-
Accrued corrective distributions - 2010	2,600	-
Accrued corrective distributions - 2009	(8,843)	8,843
Total additions per the Form 5500	<u>\$ 79,698,172</u>	<u>\$ 115,618,979</u>
	<u>December 31, 2010</u>	<u>December 31, 2009</u>
Total deductions per the financial statements	\$ 60,415,800	\$ 52,921,223
Accrued corrective distributions - 2009	(8,843)	8,843
Total deductions per the Form 5500	<u>\$ 60,406,957</u>	<u>\$ 52,930,066</u>

10. Subsequent Events

Management has evaluated the events and transactions that have occurred through July 29, 2011, the date the financial statements were issued, and noted no items requiring adjustment of the financial statements or additional disclosure.

Hawker Beechcraft Savings and Investment Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b) Issuer, borrower or lessor or similar party	(c) Description of investment	(d) Cost**	(e) Current value
	The Hartford	Hartford International Opp HLS IA	-	942,381
	Cohen and Steers Realty	Cohen & Steers Realty Shares	-	4,058,415
	T. Rowe Price	T. Rowe Price Small Cap Stock	-	5,264,986
	PIMCO	PIMCO Total Return Inst CL	-	13,882,042
	Vanguard	Vanguard Total Bond Market Index Fund Signal	-	2,561,912
	COL	COL Value & Rstrg Z	-	6,871,742
	TCW	TCW Value Opps CL I	-	1,399,385
	The Oakmark Funds	Oakmark Equity & Income CL I	-	5,687,696
	American Century	American Cent Small Cap Val Instl CL	-	4,408,819
	Vanguard	Vanguard Morgan Growth Fund Admiral Shares	-	3,217,567
	Vanguard	Vanguard PRIMECAP Fund Admiral Shares	-	9,217,172
	Vanguard	Vanguard Windsor Fund Admiral Shares	-	2,331,606
	The Hartford	Hartford Capital Appreciation HLS Fund Class IA	-	11,430,123
	Marsico Focus	Marsico Focus	-	2,438,033
	The Hartford	Hartford MidCap Fund HLS IA	-	9,336,529
	Morgan Stanley	Morgan Stanley Institutional Fund, Inc. Small Company Growth Portfolio Class I Shares	-	1,804,562
	Artisan Funds	Artisan Mid Cap Value Inv CL	-	1,553,145
	Turner Investment Partners	Turner Emerging Growth Inv CL	-	9,935,398
	The Oakmark Funds	Oakmark Global CL I	-	4,874,011
	First Eagle Funds	First Eagle Overseas Inst CL	-	6,318,384
	Columbia Management	Columbia Acorn Select Fund Class Z	-	6,312,375
	Wells Fargo	Wells Fargo International Bond Fund IS	-	3,636,445
	Dodge & Cox Fund	Dodge & Cox Intl Stock	-	5,485,721
	Invesco	Invesco Basic Value Instl	-	921,639
	Seligman Investments	Seligman Comm & Information CL A	-	1,827,274
	Munder Capital	Munder Mid-Cap Core Growth Class Y	-	1,586,737
	Oppenheimer Funds	Oppenheimer International Small Company Fund Y Class	-	8,638,412
	Raytheon	Raytheon Common Stock	-	37,550,036
*	Fidelity	Fidelity Equity-Income Fund	-	24,229,349
*	Fidelity	Select Health Care Portfolio	-	1,301,724
*	Fidelity	Fidelity Balanced Fund	-	13,899,257
*	Fidelity	Fidelity International Discovery Fund	-	3,387,584
*	Fidelity	Fidelity Blue Chip Growth Fund	-	15,269,553
*	Fidelity	Fidelity Freedom Income Fund	-	600,922
*	Fidelity	Fidelity Freedom 2000 Fund	-	193,057
*	Fidelity	Fidelity Freedom 2010 Fund	-	3,327,498
*	Fidelity	Fidelity Freedom 2020 Fund	-	11,785,940
*	Fidelity	Fidelity Freedom 2030 Fund	-	8,250,139
*	Fidelity	Spartan International Index Fund - Investor Class	-	811,825
*	Fidelity	Fidelity Money Market Trust Retirement Money Market Portfolio	-	24,860,171
*	Fidelity	Spartan US EQ Index	-	23,547,319
*	Fidelity	Fidelity Freedom 2040 Fund	-	5,121,383
*	Fidelity	Managed Income Portfolio II Class 2	-	88,517,168
*	Fidelity	Fidelity Freedom 2005 Fund	-	249,261
*	Fidelity	Fidelity Freedom 2015 Fund	-	8,157,157
*	Fidelity	Fidelity Freedom 2025 Fund	-	11,412,439
*	Fidelity	Fidelity Freedom 2035 Fund	-	5,826,067
*	Fidelity	Fidelity Freedom 2045 Fund	-	3,153,749
*	Fidelity	Fidelity Freedom 2050 Fund	-	2,067,003
*	Raytheon	Raytheon Stock - Stock Purchase Account	-	1,162
*	Fidelity	Participant Loans (interest rates from 3.25% - 9.5%)	-	25,280,292
Total Investments			\$ -	\$ 454,742,566

* Indicates a party-in-interest to the Plan.

** Cost not required for participant-directed investments.

The Schedule of Assets is included in the accountant's audit report attachment.