Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AERO PRECISION REPAIR AND OVERHAUL CO., INC. RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

2a Plan sponsor's name and address (employer, if for single-employer plan)
AERO PRECISION REPAIR AND OVERHAUL CO., INC.

580 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

2b Employer Identification Number (EIN) 65-0160974

2c Plan sponsor's telephone number 954-428-9500

2d Business code (see instructions) 811490

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
AERO PRECISION REPAIR AND OVERHAUL CO., INC. 580 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

3b Administrator's EIN 65-0160974

3c Administrator's telephone number 954-428-9500

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. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	100
b Total number of participants at the end of the plan year	**5b**	111
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		**(a) Beginning of Year**	**(b) End of Year**
a Total plan assets	**7a**	4716268	5381581
b Total plan liabilities	**7b**	0	0
c Net plan assets (subtract line 7b from line 7a)	**7c**	4716268	5381581

8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	464101	
(2) Participants	**8a(2)**		
(3) Others (including rollovers)	**8a(3)**		
b Other income (loss)	**8b**	347606	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		811707
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	146143	
e Certain deemed and/or corrective distributions (see instructions)	**8e**		
f Administrative service providers (salaries, fees, commissions)	**8f**	251	
g Other expenses	**8g**		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		146394
i Net income (loss) (subtract line 8h from line 8c)	**8i**		665313
j Transfers to (from) the plan (see instructions)	**8j**		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		25000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2011	ALEX V. TEARLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2011	ALEX V. TEARLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AERO PRECISION REPAIR AND OVERHAUL CO., INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AERO PRECISION REPAIR AND OVERHAUL CO., INC.

D Employer Identification Number (EIN)
65-0160974

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		4716268
b	Actuarial value	**2b**		4716268
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	13	1416878
b	For terminated vested participants	**3b**	17	340515
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		60724
	(2) Vested benefits	**3c(2)**		2607549
	(3) Total active	**3c(3)**	70	2668273
d	Total	**3d**	100	4425666
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.62 %
6	Target normal cost	**6**		285352

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/21/2011
Signature of actuary — Date

LAURA S. STEWART, F.S.A. — 11-06964
Type or print name of actuary — Most recent enrollment number

BRYAN,PENDLETON,SWATS & MCALLISTER — 615-665-1640
Firm name — Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400
BRENTWOOD, TN 37027
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	841713	651133
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	255031	
9	Amount remaining (Item 7 minus item 8)	586682	651133
10	Interest on item 9 using prior year's actual return of 16.02 %	94010	109440
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		421859
b	Interest on (a) using prior year's effective rate of 6.52 %		51743
c	Total available at beginning of current plan year to add to prefunding balance		473602
d	Portion of (c) to be added to prefunding balance		473602
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	680692	1234175

Part III Funding percentages

14	Funding target attainment percentage	14	63.29 %
15	Adjusted funding target attainment percentage	15	106.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	78.15 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/31/2010	12064		07/10/2010	82500	
02/28/2010	12064		07/31/2010	12339	
03/31/2010	12064		08/31/2010	12339	
04/30/2010	94564		09/30/2010	12339	
05/31/2010	12064		11/16/2010	107200	
06/30/2010	12064		12/10/2010	82500	
			Totals ► 18(b)	464101	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	446111

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		285352
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		285352

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	285352
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	446111
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	160759
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001

Attachment to 2010 Form 5500,
Schedule SB, line 22 - Description of Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)
Age	Assumed Rate of Retirement	Sample Population	Number Retiring (B) x (C)	Weighted Average Retirement Age (A) x (D)
55	2%	30,000	600	33,000
56	2%	29,400	588	32,928
57	2%	28,812	576	32,846
58	2%	28,236	565	32,753
59	5%	27,671	1,384	81,630
60	5%	26,287	1,314	78,862
61	5%	24,973	1,249	76,168
62	20%	23,724	4,745	294,183
63	5%	18,980	949	59,786
64	5%	18,031	902	57,698
65	100%	17,129	17,129	1,113,389
		Total	30,000	1,893,243
			Average	63

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan

EIN: 65-0160974
PN: 001
Plan Year: 2010

Summary of Actuarial Assumptions

Interest Rates

Funding:	4.60% for the first 5 years; 6.65% for the next 15 years; and 6.76% thereafter
PBGC:	2.35% for the first 5 years: 5.65% for the next 15 years; and 6.45% thereafter

Salary Increases

4.0% per year

	Age			
	20	35	50	60
Mortality Rates (per 1,000 lives)				
IRS 2010 Combined Static Mortality Table				
Male	0.23	0.68	1.47	4.93
Female	0.13	0.36	1.13	4.57
Withdrawal Rates (per 1,000 lives)				
Incidence rates – Derived from plan experience				
Male and Female	79.38	62.76	25.63	0.90
Disability Rates (per 1,000 lives)				
None assumed				

Rates of Retirement

Eligible participants are assumed to retire based on the following:

Age		Rate
55 – 58		2%
59 – 61		5%
62		20%
63 – 64		5%
65		100%

Commencement Dates and Forms of Payment

Retiring participants are assumed to elect an immediate life annuity.

Terminating participants are assumed to elect a life annuity commencing on their Normal Retirement Date.

Inactive participants who are entitled to future benefits are assumed to elect a life annuity on their Normal Retirement Date.

Spouses of deceased employees are assumed to elect a Life Annuity commencing on the participant's Normal Retirement Date

Percentage Married

80% of participants are assumed to be married with husbands assumed to be 3 years older than wives.

Social Security National Average Wages

National Average Wages are assumed to remain at their current levels.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Expenses

None assumed.

Summary of Actuarial Methods

Actuarial Cost Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant proposed regulations. This method is prescribed for funding, PBGC, and ASC 960 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

The actuarial value of assets is equal to market value of assets as of the valuation date.

Miscellaneous

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan

EIN: 65-0160974
PN: 001
Plan Year: 2010

Summary of Plan Provisions

Plan Effective Date

January 1, 1991

Last Plan Amendment

Restated on January 1, 2002

Plan Year Anniversary Date

January 1

Eligibility Requirements for Plan Participation

A non-union (salaried or hourly) employee is eligible to participate on the first of the month coincident with or next following employment; provided that he or she has completed or is expected to complete 1,000 or more hours of service in the first 12-month consecutive period beginning with the employment date or reemployment date.

Participation Service

A year of service means the completion of at least 1,000 hours in a plan year. An employee who is credited with 1,000 hours of service in both the first 12-month period immediately following his employment date or reemployment date, as the case may be, and the first plan year following such employment date or reemployment date, will be credited with two years of service for purposes of eligibility to participate and determining whether credit for prior service shall be given following a break-in service.

Vesting Service

A year of service means the completion of at least 1,000 hours in a plan year.

Credited Service

Credited Service (in whole years and full months) as of December 31, 2001 plus service accrual after December 31, 2001. Effective January 1, 2002, a year of service means the completion of at least 1,000 hours in a plan year.

Normal Retirement Date

Age 65, or if later, the fifth anniversary of the participant's participation commencement date.

Average Monthly Compensation

Monthly average of the participant's highest 60 consecutive months of compensation within the last 120 months.

Covered Compensation

The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains or will attain Social Security retirement age.

Normal Retirement Benefit

A monthly benefit for life, commencing at normal retirement equal to: 1.05% of the participant's monthly final average earnings multiplied by his number of years of credited service at retirement; plus 0.65% of the participant's monthly final average earnings in excess of covered compensation multiplied by his number of years of credited service at retirement. Credited service is limited to 30 years.

Normal Form of Benefit

Life only

Early Retirement Benefit

Completion of 5 years of service and age 55. Accrued benefit is reduced by 6% for every year the early retirement date precedes the normal retirement benefit.

Disability Benefit

Completion of 5 years of service. Accrued benefit is reduced at the same rate as the early retirement benefit.

Death Benefit

Spouse receives an immediate life annuity equal to 50% of the participant's accrued benefit as if he had terminated on his date of death, survived to his earliest retirement age, and immediately retired on the actuarial equivalent qualified joint and survivor annuity form.

Vesting Schedule

100% vested in accrued benefit after 5 years of service or attainment of normal retirement date.

Changes

There were no changes in the plan provisions since the prior valuation.

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan

EIN: 65-0160974
PN: 001
Plan Year: 2010

Distribution of Active Participants

	Years of Credited Service										
Attained Age	Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	Over 39	Total
Under 25		4									4
25 – 29		3									3
30 – 34		4	1								5
35 – 39		3	1	2	1						7
40 – 44		2	4	4	1						11
45 – 49		2	2	5	1						10
50 – 54		4	3		4	2	1				14
55 – 59			1	2		4					7
60 – 64			1		4				1		6
65 – 69			1	1		1					3
Over 69											
Total		22 $42,898	14	14	11	7	1		1		70 $59,614

Aero Precision Repair and Overhaul Co., Inc Retirement Income Plan
EIN: 65-0160974
PN: 001

Attachment to 2010 Form 5500,
Schedule SB, line 19 - Discounted Employer Contributions

Date Paid	Plan Year Applied	Employer Contributon	Effective Interest Rate	Late Interest Rate	Interest Adjusted Contribution
01/31/2010	2010	$12,064	6.62%	N/A	$12,000
02/28/2010	2010	$12,064	6.62%	N/A	$11,936
03/31/2010	2010	$12,064	6.62%	N/A	$11,872
04/19/2010	2010	$82,500	6.62%	N/A	$80,972
04/30/2010	2010	$12,064	6.62%	N/A	$11,809
05/31/2010	2010	$12,064	6.62%	N/A	$11,746
06/30/2010	2010	$12,064	6.62%	N/A	$11,684
07/10/2010	2010	$82,500	6.62%	N/A	$79,685
07/31/2010	2010	$12,339	6.62%	N/A	$11,886
08/31/2010	2010	$12,339	6.62%	N/A	$11,823
09/30/2010	2010	$12,339	6.62%	N/A	$11,760
11/16/2010	2010	$107,200	6.62%	N/A	$101,353
12/10/2010	2010	$82,500	6.62%	N/A	$77,585
Total		$464,101			$446,111

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning and ending

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Aero Precision Repair and Overhaul Co. Inc. Retirement Income Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

AERO PRECISION REPAIR AND OVERHAUL CO., INC.

D Employer Identification Number (EIN)

65-0160974

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

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

Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2010			
2	Assets:			
a	Market value	2a		4,716,268
b	Actuarial value	2b		4,716,268
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	13	1,416,878
b	For terminated vested participants	3b	17	340,515
c	For active participants:			
	(1) Non-vested benefits	3c(1)		60,724
	(2) Vested benefits	3c(2)		2,607,549
	(3) Total active	3c(3)	70	2,668,273
d	Total	3d	100	4,425,666
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.62 %
6	Target normal cost	6		285,352

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

LSS

Signature of actuary

09/21/2011

Date

Laura S. Stewart, F.S.A.

Type or print name of actuary

11-06964

Most recent enrollment number

Bryan, Pendleton, Swats & McAllister

Firm name

(615) 665-1640

Telephone number (including area code)

5301 Virginia Way, Suite 400

Brentwood TN 37027

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	841,713	651,133
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	255,031	
9	Amount remaining (Item 7 minus item 8)	586,682	651,133
10	Interest on item 9 using prior year's actual return of 16.02 %	94,010	109,440
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		421,859
	b Interest on (a) using prior year's effective rate of 6.52 %		51,743
	c Total available at beginning of current plan year to add to prefunding balance		473,602
	d Portion of (c) to be added to prefunding balance		473,602
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	680,692	1,234,175

Part III Funding percentages

14	Funding target attainment percentage	14	63.29 %
15	Adjusted funding target attainment percentage	15	106.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	78.15 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/31/2010	12,064		07/10/2010	82,500	
02/28/2010	12,064		07/31/2010	12,339	
03/31/2010	12,064		08/31/2010	12,339	
04/30/2010	94,564		09/30/2010	12,339	
05/31/2010	12,064		11/16/2010	107,200	
06/30/2010	12,064		12/10/2010	82,500	
			Totals ► 18(b)	464,101	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	446,111

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 285,352

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**: 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 285,352

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) — **36**: 285,352

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 446,111

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 160,759

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0