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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	first return/report	final retur	n/report					
_	This retain report to for.	an amended return/report	!	n year return/report (less than 12 mo	nths)				
<u> </u>	Charle have if filing under	T Form 5558] ' 1	extension		DFVC program			
C	Check box if filing under:	<u> </u>	ı	, extension		DF vC program			
_		special extension (enter description	,						
		mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
GEN	EVA AVIATION, INC. 401(K) P	ROFII SHARING PLAN				plan number (PN) 001			
					1c	Effective date of plan			
						01/01/1999			
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	· plan)		2b	Employer Identification Number			
GEN	EVA AVIATION, INC.		. ,			(EIN) 91-1313335			
1017	1 62ND AVENUE S STE E101				2c	Plan sponsor's telephone number 423-538-5006			
	Γ, WA 98032-1153				24				
					Zu	Business code (see instructions) 481000			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
GEN	EVA AVIATION, INC.	19171 62ND KENT, WA 9	AVENUE	S'STE E101		91-1313335			
		nert, with	70002 1100	,	3с	Administrator's telephone number 423-538-5006			
1 1	f the name and/or EIN of the nic	an sponsor has changed since the la	et return/re	port filed for this plan, optor the	4h				
		er from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
	, , ,				4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	19			
b	Total number of participants a	t the end of the plan year			5b	19			
С	Total number of participants w	rith account balances as of the end o	f the plan y	vear (defined benefit plans do not					
	complete this item)				5c	19			
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
b				ndent qualified public accountant (IQI		X Yes ☐ No			
				ions.)SF and must instead use Form 55					
Pa	rt III Financial Inform		01111 0000	or and must mistead use I orm ou					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		. 7a	209454	ļ.	230445			
b	. etai piaii aeeete iiiiiiiiiiiiiiiiiiiiiiiiiiii)	0			
C		7b from line 7a)		209454		230445			
8			. 70	(a) Amount	+	(b) Total			
а	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(b) Total			
u			. 8a(1)	2822	2				
	(2) Participants		. 8a(2)	4704	ļ.				
	(3) Others (including rollovers	.)		(0				
b	, ,	, 	1	14981					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)				22507			
d		rollovers and insurance premiums		4546					
			. 8d	1516	_				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	(_				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	C)				
g	Other expenses		. 8g	C)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				1516			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			20991			
i		ee instructions)		()				

	F	orm 5500-SF 2010 Page 2- 1								
Par	t IV	Plan Characteristics								
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteri	stic Co	des in	the instr	uctior	ns:		
b		PF 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in	the instru	uction	s:		
art	V	Compliance Questions								
0	Durir	g the plan year:		Yes	No		An	nount		
а		there a failure to transmit to the plan any participant contributions within the time period described in EFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c		X					
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X					
f	Has	he plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					4	434
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X					
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com)	•			`	[Yes	X	No
2		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Г	Yes	X	No
	`	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.						etter ru ar	ling	
lf :	•	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		. 10			_
b	Ente	the minimum required contribution for this plan year		[12b					
		the amount contributed by the employer to the plan for this plan year			12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)		[12d					
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N	I/A
art	VII	Plan Terminations and Transfers of Assets	_						_	
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?					ſ	Yes	X	No

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

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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)

Yes No

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	Filed with authorized/valid electronic signature.	10/11/2011	JEFF SHAPIRO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2011	JEFF SHAPIRO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Senefit 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

	Complete all entries in accor	dance with	the instructions to the Form 5500)-SF.					
	Part I Annual Report Identification Information				5.154.165.46				
For	r the calendar plan year 2010 or fiscal plan year heginning		1/2010 and ending	1	2/31/2010				
A	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		One-participa	nt plan			
В	This return/report is for: first return/report	final return	/report						
	an amended return/report	short plan	year return/report (less than 12 month	15)					
C	Check box if filing under: x Form 5558	automatic	extension		DFVC progra	R.D.			
	special extension (enter description	1)							
P	art II Basic Plan Information enter all requested infor	malion							
Sea - August	Name of plan			1b	Three-digit	The second secon			
	GENEVA AVIATION, INC. 401(k) PROFIT SHARING PL	.AN	THE STATE OF THE S		plan number (PN) ►	001			
	GENERA MATURITOR' THE MOTIVE THEFT DIRECTOR	u 11.1		1c	Effective date of	I			
					01/01/1999	, p. 100.1			
2a	Plan sponsor's name and address (employer, if for single-employer p	2b Employer Identification Number							
	GENEVA AVIATION, INC.			(EIN) 91-1313335					
	19171 62nd AVENUE S STE E101			2c Plan sponsor's telephone number (423) 538-5006					
			The state of the s	2d Business code (see instructions)					
US				26	481000				
Ja	Plan administrator's name and address (If same as plan employer, er same	iter Same)	วม	Administrator's	Z1(N			
			Company	30	Administrator's I	elephone number			
4	If the name and/or EIN of the plan sponsor has changed since the las name. EIN and the plan number from the last return/report. Sponsor's		ort filed for this plan, enter the	4b EIN					
	name, Eliv and the plan humber from the last returnineport. Sponsors	ivanic	in the second	4c	PN	The state of the s			
5a	Total number of participants at the beginning of the plan year	70 W g	* * * * * (6	5a		19			
b	Total number of participants at the end of the plan year			5b		19			
C	Total number of participants with account balances as of the end of the			5c		19			
6a	complete this item) Were all of the plan's assets during the plan year invested in eligible a					X Yes No			
b	Are you claiming a waiver of the annual examination and report of an								
	under 29 CFR 2520 104-46? (See instructions on waiver eligibility and			*		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Forr	n 5500-SF	and must instead use Form 5500.						
Pa	rt III Financial Information			Т					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	209,454	-		230,445			
b	Total plan liabilities	7b	0	-	***************************************	0			
C	Net plan assets (subtract line 7b from line 7a)	7c	209,454	-		230,445			
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	(b) 7	Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	2,822						
	(2) Participants	8a(2)	4,704						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	14,981						
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				22,507			
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	1,516						
e	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	Bg	0	-					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-		1,516			
1	Net income (loss) (subtract line 8h from line 8c)	81		-		20,991			
j	Transfers to (from) the plan (see instructions)	8)	0						

4004000000000	Form 5500-SF 2010	P	age 2-[]	auc consumer and	*****						
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature.										
Do	rt V Compliance Questions			W-80/ 80/ 80/ 80/		***************************************	THE THE PERSON OF LABORATOR AND ASSESSED.	asan kannan rish, in dermakeren erikatah dendara penderanak delemin dan den anan sakusasa janu			
90000000000000000000000000000000000000					Yes	No	Aı	mount			
10 a	During the plan year: Was there a fallure to transmit to the plan any participant contribution	within the time perio	d described in	10a		х	111,000				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							**************************************			
b											
~	0.1.00			10c		х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fide				оприментивности в применения применения в пр	***************************************					
	or dishonesty?	10d		X							
е	Were any fees or commissions paid to any brokers, agents, or other p	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See									
	insurance services or other organization that provides some or all of instructions.)		e biait: (366	10e		X	***************************************				
f	Has the plan failed to provide any benefit when due under the plan?			10f	***************************************	Х	******************************				
q	Did the plan have any participant loans? (If "Yes," enter amount as o	fyear end.) ,		10g	Х			4,434			
h	2520.101-3.)			10h		х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	10i							
Par	t VI Pension Funding Compliance			1.0		25.4	*				
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see insi	ructions and compl	ele So	nedu	e SB (1	-orm	Yes X No			
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
16	granting the waiver	IB (Form 5500), and	skip to line 13.	1111	~~~~~	Day		Cai			
b	Enter the minimum required contribution for this plan year			4 · · · · · · ·		12b		***************************************			
C	Enter the amount contributed by the employer to the plan for this plan	n year		* *		12c	************************				
d	negative amount)	E 141 194 SI W (K)			. [12d Yes No N/A					
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?									
Par	VII Plan Terminations and Transfers of Assets		0			100	**************************************	Myes W No			
13a	Has a resolution to terminate the plan been adopted during the plan y If "Yes," enter the amount of any plan assets that reverted to the emp	year or any prior year	7	* *	· 广	122		[
1.				***************************************		rol		The second secon			
C	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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):				13	c(2) El	N(s)	13c(3) PN(s)			
	(CO)										
	A CONTRACTOR OF THE PROPERTY O										
						menoralismos mesicoral	PPP PP Mily and in the control of the four-sector control of the four-secto				
	ion: A penalty for the late or incomplete filing of this return/report										
SB or	r penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have e s the electronic versi	camined this return/ on of this return/rep	/repor bort, a	t, inclu nd to ti	ding, if he bes	applicable, a of my know	a Schedule ledge and			
	The state of the s	V10-11-11	JEFF SHAPIRO	o 5	51	20	e . Te	05,650			
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