Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110			
Department of the Treasury	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	1210-0089			
Internal Revenue Service	sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).	2011			
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.				
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection			
Part I Annual Report Ider	tification Information				
For calendar plan year 2011 or fiscal	plan year beginning 01/01/2011 and ending 12/31/2	2011			
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 t	han 12 months).			
C . If the plan is a collectively-bargain	ed plan, check here.				
	▼ Form 5558; □ automatic extension;	the DFVC program;			
D Check box if filing under:					
	special extension (enter description)				
	nation—enter all requested information	1			
1a Name of plan AVIATION PARTNERS 401(K) PLAN		1b Three-digit plan number (PN) ▶			
		1c Effective date of plan 12/01/2000			
2a Plan sponsor's name and addres	s, including room or suite number (Employer, if for single-employer plan)	2b Employer Identification Number (EIN) 91-1546365			
		2c Sponsor's telephone number 206-834-4396			
2811 S. 102ND ST. SUITE 200 SEATTLE, WA 98168	2811 S. 102ND ST. SUITE 200 SEATTLE, WA 98168	2d Business code (see instructions) 336990			

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/23/2012	MELISSA LAMY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
NEKE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
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.

Page 2

	Plan administrator's name and address (if same as plan sponsor, enter "Same") (IATION PARTNERS, INC.		lministrator's EIN -1546365			
SL	11 S. 102ND ST. JITE 200 FATTLE, WA 98168		3c Administrator's telephone number 206-834-4396			
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 the plan number from the last return/report:	and	4b EIN			
а	Sponsor's name		4c PN			
5	Total number of participants at the beginning of the plan year	5	16			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).					
а	Active participants	6a	13			
b	Retired or separated participants receiving benefits	6b	0			
с	Other retired or separated participants entitled to future benefits	6c	2			
d	Subtotal. Add lines 6a, 6b, and 6c	6d	15			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0			
f	Total. Add lines 6d and 6e	6f	15			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	8			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

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

(Form 5500) Determine of the Tensor Proceeding of te		S		Financial In	form	ation—Sr	nall	Plan			OMB No. 1210-0110			
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g Certain deemed distributions of participant loans (see instructions) 2g h Administrative service providers (salaries, fees, and commissions) 2h 420 i Other expenses 2i 2i j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2i 2641 k Net income (loss) (subtract line 2j from line 2d) 2k 25206 l Transfers to (from) the plan (see instructions) 2l 2 3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Yes No Amount a Partnership/joint venture interests. 3a X 2b X b Employer real property. 3c X 3b X c Real estate (other than employer real property) 3c X 3d X d Employer securities. 3d X	е	Benefit	s paid (including direct rollo	vers)	. 2e				2221					
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i Other expenses 2i j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j i Qter expenses 2i j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j i Qter expenses 2i i Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2k i 2k 25206 i Transfers to (from) the plan (see instructions) 2l i Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. a Partnership/joint venture interests. 3a b Employer real property. 3b c Real estate (other than employer real property) 3c d Employer securities. 3d e Partnership/loant loans. 3e			,						400					
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)					-				420					
interventes (add lines 28, 21, 29, 211, and 21) 21 k Net income (loss) (subtract line 2j from line 2d) 2k 1 Transfers to (from) the plan (see instructions) 2l 3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. a Partnership/joint venture interests. 3a X b Employer real property. 3b X c Real estate (other than employer real property) 3c X d Employer securities. 3d X e Participant loans. 3e X											0644			
I Transfers to (from) the plan (see instructions)	J			o , , ,					-					
3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. a Partnership/joint venture interests. Yes No Amount a Partnership/joint venture interests. 3a X b Employer real property. 3b X c Real estate (other than employer real property) 3c X d Employer securities. 3d X e Participant loans. 3e X	ĸ			,					F		23200			
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line- by-line basis unless the trust meets one of the specific exceptions described in the instructions. Yes No Amount a Partnership/joint venture interests	<u> </u>			,	1			1 1 (3	/					
aPartnership/joint venture interests3aXbEmployer real property3bXcReal estate (other than employer real property)3cXdEmployer securities3dXeParticipant loans3eX	3	remainii	ng in the plan as of the end of	the plan year. Allocate the value o	of the pla	n's interest in a co		led trust co	ntaining th		of more than one plan on a line-			
a Faithership/one vendre meresistering for vendre meresistering f	_	_				ſ		Yes			Amount			
C Real estate (other than employer real property) d Employer securities e Participant loans 3e X						· · · · · · · · · · · · ·								
d Employer securities	b						3b							
e Participant loans	С					-	3c							
C ratiopant toans	d	Employ	/er securities				3d							
	_								X					

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			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		X	

Pa	art II Con	pliance Questions				
4	During the	olan year:		Yes	No	Amount
а	described in 2	ailure to transmit to the plan any participant contributions within the time period 9 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully ee instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	year or classi	ns by the plan or fixed income obligations due the plan in default as of the close of plan ied during the year as uncollectible? Disregard participant loans secured by the ccount balance	4b		X	
C		ses to which the plan was a party in default or classified during the year as	4c		Х	
d		ny nonexempt transactions with any party-in-interest? (Do not include transactions ne 4a.)	4d		X	
е	Was the plan	covered by a fidelity bond?	4e	Х		500000
f		ave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by nesty?	4f		Х	
g		old any assets whose current value was neither readily determinable on an established t by an independent third party appraiser?	4g		Х	
h	•	eceive any noncash contributions whose value was neither readily determinable on an arket nor set by an independent third party appraiser?	4h		Х	
i	•	t any time hold 20% or more of its assets in any single security, debt, mortgage, parcel or partnership/joint venture interest?	4i		X	
j		lan assets either distributed to participants or beneficiaries, transferred to another plan, der the control of the PBGC?	4j		Х	
k	accountant (IC	ng a waiver of the annual examination and report of an independent qualified public PA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 re instructions on waiver eligibility and conditions.)	4k	X		
I	Has the plan	ailed to provide any benefit when due under the plan?	41		Х	
m		lividual account plan, was there a blackout period? (See instructions and 29 CFR	4m		Х	
n		wered "Yes," check the "Yes" box if you either provided the required notice or one of s to providing the notice applied under 29 CFR 2520.101-3	4n		Х	
5a	Has a resoluti	on to terminate the plan been adopted during the plan year or any prior plan year?				

s X 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)

	SCHEDULE R	Retirement Plan Information				(OMB No. 12	210-011()			
	(Form 5500) Department of the Treasury This schedule is required to be filed under section 104 and 4065 of the						2011					
	Internal Revenue Service	Employee Retirement Income Security Act of 1974 (ERISA) and 6058(a) of the Internal Revenue Code (the Code).	d sec	tion								
E	Department of Labor nployee Benefits Security Administration	 File as an attachment to Form 5500. 				This F	orm is O Inspec		Publi	ic		
For	Pension Benefit Guaranty Corporation calendar plan year 2011 or fiscal p	lan year beginning 01/01/2011 and er	ndino		12/31/2	011						
A N	ame of plan TION PARTNERS 401(K) PLAN			Three	e-digit n numbe			001	_			
	lan sponsor's name as shown on I TION PARTNERS, INC.	ine 2a of Form 5500	D		oyer Id		tion Num	oer (EIN	1)			
Pa	rt I Distributions											
		only to payments of benefits during the plan year.										
1	instructions	property other than in cash or the forms of property specified in the		L	1					0		
2	payors who paid the greatest doll	paid benefits on behalf of the plan to participants or beneficiaries duri ar amounts of benefits):	ng th	e year	· (if mor	e than	two, enter	r EINs c	of the	two		
	Lin(3).	ad ataak hanya plana akin lina 2										
3	Number of participants (living or o	nd stock bonus plans, skip line 3. leceased) whose benefits were distributed in a single sum, during the			3							
Pa		ion (If the plan is not subject to the minimum funding requirements o			-	the Int	ernal Rev	enue C	ode c	or		
4		election under Code section 412(d)(2) or ERISA section 302(d)(2)?				Yes		No		N/A		
	If the plan is a defined benefit p	olan, go to line 8.										
5		g standard for a prior year is being amortized in this need the ruling letter granting the waiver. Date: Mont	:h		Da	ay		Year				
c		te lines 3, 9, and 10 of Schedule MB and do not complete the rer		der of	this sc	hedule						
6	· ·	ontribution for this plan year (include any prior year accumulated func	•		6a							
	b Enter the amount contributed	by the employer to the plan for this plan year			6b							
		o from the amount in line 6a. Enter the result of a negative amount)			6c							
	If you completed line 6c, skip li	nes 8 and 9.		_								
7	Will the minimum funding amount	reported on line 6c be met by the funding deadline?				Yes		No		N/A		
8	authority providing automatic app	od was made for this plan year pursuant to a revenue procedure or o roval for the change or a class ruling letter, does the plan sponsor or ge?	plan			Yes		No		N/A		
Ра	rt III Amendments											
9	If this is a defined benefit pension year that increased or decreased	plan, were any amendments adopted during this plan the value of benefits? If yes, check the appropriate	ase		Decre	ease	Bot	th		No		
Pa		uctions). If this is not a plan described under Section 409(a) or 4975(e)(7)	of the	Interna	l Reve	nue Code	,				
10	Were unallocated employer secu	rities or proceeds from the sale of unallocated securities used to repa	y any	exem	npt loan	?		Yes		No		
11		eferred stock?						Yes		No		
	b If the ESOP has an outstand	ling exempt loan with the employer as lender, is such loan part of a "t	back-	to-bac			Г	Yes	Г	No		
12	•	on of "back-to-back" loan.) hat is not readily tradable on an established securities market?						Yes		No		

Pa	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 dollars). See instructions. Complete as many entries as needed to report all applicable employers.											
	а	Name of contributing employer									
	b	EIN C Dollar amount contributed by employer									
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contr	pution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,								
			ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents)								
		(1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е		oution rate information (If more than one rate applies, check this box] and see instructions regarding required attachment. Otherwise,								
			ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents)								
		• •	Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е	<i>comp</i> (1)	bution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents)								
		(2)	Base unit measure: Hourly Weekly Unit of production Other (specify):								
	<u>a</u>		of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е		oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).)								
		. ,	Contribution rate (in dollars and cents)								
		(2)	Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	e	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>complete items 13e(1) and 13e(2).)</i> (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	~	Nem									
	a b	Name EIN	of contributing employer C Dollar amount contributed by employer								
	d d										
	u	and s	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е	<i>comp</i> (1)	bution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, ate items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):								

14	Enter the number of participants on whose behalf no co	ontributions were made by an	employer as an employer of the
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	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 ma employer contribution during the current plan year to:	ike an					
	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, c supplemental information to be included as an attachment.						
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see ir information to be included as an attachment	structior	s regarding supplemental				
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):						