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 sections 6057(b) and 6058(a) of the Internal

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Report Identif												
For calendar plan year 2014 or fiscal plan	year beginning 01/01/2014	4	and ending 12	2/31/2014								
A This return/report is for:	ngle-employer plan		olan (not multiemployer) oyer information in accor		nis box must attach a list m instructions)							
a on	e-participant plan	a foreign plan										
B This return/report is the f	irst return/report	the final return/report										
an a	mended return/report	a short plan year retu	rn/report (less than 12 n	months)								
C Check box if filing under:	n 5558	automatic extension		DFVC program								
spec	cial extension (enter descript	tion)										
Part II Basic Plan Informatio	n—enter all requested infor	mation										
1a Name of plan ERICKSON AEROSPACE, INC. 401(K) P/S	·			1b Three-digit plan numb (PN) ▶								
	1c Effective d	ate of plan 01/01/2007										
2a Plan sponsor's name and address; inc ERICKSON AEROSPACE, INC.	e-employer plan)		dentification Number 90-0054485									
13220 N.E. 55TH PL.			telephone number 25-881-1814									
BELLEVUE, WA 98005		2d Business code (see instructions) 425120										
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN								
A Kithana Ka Fila (tha bha a			for the analysis of the state o	45 500								
 If the name and/or EIN of the plan sprame, EIN, and the plan number from Sponsor's name 		e last return/report filed	for this plan, enter the	4b EIN 4c PN								
5a Total number of participants at the be	aginning of the plan year			+								
b Total number of participants at the er	0 0 1 7				<u></u>							
C Number of participants with account to												
complete this item)				. 5c	3							
d(1) Total number of active participants		•		5d(1)	3							
d(2) Total number of active participants	, ,			5d(2)	3							
Number of participants that terminated less than 100% vested				5e	(
Caution: A penalty for the late or incom	plete filing of this return/r	eport will be assessed	l unless reasonable ca	use is establishe	d.							
Under penalties of perjury and other pena SB or Schedule MB completed and signed belief, it is true, correct, and complete.												
SIGN Filed with authorized/valid elec	tronic signature.	10/06/2015	CHRISTINA ERICKS	ON								
HERE Signature of plan administr	ator	Date	Enter name of individ	dual signing as pla	n administrator							
SIGN HERE												
Signature of employer/plan		Date		dual signing as employer or plan sponsor								
Preparer's name (including firm name, if a	pplicable) and address (incli	uae room or suite numb	ei) (optional)	Preparer's telep	none number (ontional)							

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot fill the line in the line fill th	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)?		Yes	No Not determined
Par -					1		
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of Year 418899
	Fotal plan assets	7a 	3347	12	_		418899
	Fotal plan liabilities	7b _	3347	712			418899
	Net plan assets (subtract line 7b from line 7a)	7c		12	-		
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	1) Employers	8a(1)	87	' 56			
	2) Participants	8a(2)	635	500			
	3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	119	931			
C ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					84187
	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses (add lines 2d, 2s, 2f, and 2g)	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i					84187
	Fransfers to (from) the plan (see instructions)						3
Pari		8j					
b Part	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		60000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10q		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instr	uctions and 29 CFR	10h	X		
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			10i	X		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contribution for current year from	om Sched	lule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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

2044

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	r calends	er plan year 2014 or f	fiscal plan year beginning 01/01									
1-0,	Calcille	al plant year 2014 or it		1/2014		2/31/2014						
A	This ret	turn/report is for:	☑ a single-employer plan	a multiple-employer pla of participating employ	an (not multiemployer) (i /er information in accord	Filers checking lance with the f	this box must attach a list form instructions)					
_			a one-participant plan	a foreign plan								
В	This retu	urn/report is	the first return/report	the final return/report								
			an amended return/report	a short plan year return	n/report (less than 12 mo	onths)						
C	Check t	box if filing under:	Form 5558	automatic extension		DFVC	program					
			special extension (enter description)	ription)								
P	art II	Basic Plan Info	ormation—enter all requested in	formation								
	Name o	of plan				1b Three-dig	git					
ERICKSON AEROSPACE, INC. 401(k) P/S PLAN						plan num (PN) ▶	nber 001					
						1c Effective date of plan 01/01/2007						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ERICKSON AEROSPACE, INC.							r Identification Number -0054485					
1325	20 N E /	55TH PL.				2c Sponsor	's telephone number (425) 881-1814					
		WA 98005				2d Business 425120	s code (see instructions)					
	3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administr	rator's FIN					
						3c Administr	rator's telephone number					
						İ						
						į į						
4	If the n	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN						
_	name,	, EIN, and the plan nu	umber from the last return/report.	and last reserve ap man	Time promposite.							
		or's name				4c PN						
			s at the beginning of the plan year			5a	3					
b			s at the end of the plan year			5b	3					
C	comple	ete this item)	account balances as of the end of			5c	3					
	l(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	3					
			articipants at the end of the plan ye			5d(2)	3					
<u>е</u>	Number less tha	r of participants that to an 100% vested	terminated employment during the p	plan year with accrued benef	fits that were	5e	0					
Car	ution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed i	uniess reasonable cau	se is establish	ed.					
Und	der pena	alties of perjury and ot	ther penalties set forth in the instruc	ctions. I declare that I have e	examined this return/rep	ort including if	f applicable, a Schedule					
bel	or Sure ie <u>f, it is t</u>	edule MB completed a true, correct, and com	and signed by an enrolled actuary, and signed by an enrolled actuary, a	as well as the electronic vers	ion of this return/report,	, and to the bes	t of my knowledge and					
SIG		x Charles	C. 4.	1 10-1-15	xy Christine	Fricks	r -ha					
THE LABOR TO SERVICE THE	RE	Signature of plan a	-/	Date	Enter name of individu							
SIG		1/4/1	70			C 1						
THE PARTY NAMED IN	RE			10-1-15	Randy							
Pre	parer's	Signature of emplo name (including firm r	oyer/pian sponsor name, if applicable) and address (ir	Date	Enter name of individu	Jal signing as er	mployer or plan sponsor ephone number (optional)					
	para	idino (irroreanig irrir)	iaine, ii applicable) and address (ii	ICHOR TOOM OF SOME HUMBON	(Optional)	Preparer's tele	spnone number (optional)					
						Į.						
					Į.							

		Page Z								
Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accounts	ent (IC	PA)				X Yes		No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condi	tions.)						X Yes		No
							_			
	nsurance p	orogram (see ERISA section 40)21)?	<u> </u>	Yes	No	∐ N	ot dete	min	ed
rt III Financial Information										
Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of	Year		
Total plan assets	7a	33471	2					41889	9	
	7b									
Net plan assets (subtract line 7b from line 7a)	7c	33471	2					41889	9	
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	d		
	0-40	075	6							
			_	333						
		0350	U	333						
		1100							- 1	
		1193	Alberto							
	8c			20.		Section 1	(30.5)(4.0)	8418	. X 4050	1853EASY
to provide benefits)	8d									
						Mark State				
				88						2000
								0410	7	
Transfers to (from) the plan (and instructions)							1000	0410	lane.	
	1 8	.*:		888						
2E 2G 2J 2K 2T 3D										
V Compliance Questions										
During the plan year:				Yes	No	T	Δn	ount		
Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi	n the time period described in rection Program)	10a		х					
Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		х					
			100	Х					60	0000
Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X					000
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	er person	s by an insurance carrier, refits under the plan? (See			x					
			10f		Х					
Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10a		Х					
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				х						
If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10i	х						
60600060					L				10000	veruli(2)
is this a defined benefit plan subject to minimum funding requirement	ents? (If "	Yes," see instructions and com	plete	Sched	lule S	B (Form	Tr	Yes	П	No
Enter the unpaid minimum required contribution for current year fr	om Schen	lule SB (Form 5500) line 39								
			_			EBIGVO	T	Yes	ū	No
			, J. 3C	- JUUII	JUE UI	LINIOA?	-1-1	1 .03	M	,10
	ng amortiz	ed in this plan year, see instru	ctions	, and e	enter t		f the I	etter n	ling	
	Are you claiming a valiver of the annual examination and report of under 20 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann if the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan assets and Liabilities Total plan assets	Are you claiming a waiver of the annual examination and report of an indepe under 29 CFA 520.104-46? (See instructions on waiver eligibilities and condiff you answered "No" to either line 6a or line 6b, the plan act on the fit the line is a defined benefit plan, is it covered under the PBGC insurance part lill. Financial Information Plan Assets and Liabilities Total plan liabilities Read (1) Employers Sea (2) Participants Sea (2) Participants Sea (2) Participants Sea (3) Others (including rollovers) Sea (3) Others (including rollovers) Sea (3) Others (including direct rollovers and insurance premiums to provide benefits) Sea (3) Others (including direct rollovers and insurance premiums to provide benefits) Sea (4) Sea (5) Sea (5) Sea (6) Sea (6) Sea (7)	Were all of the plan's assets during the plany year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accounts under 20 CPR 250.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line & or line &b, the plan cannot use Form 5500-SF and must instea if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4f if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4f if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4f if the plan assets and Liabilities (a) Beginning of Yea Total plan assets (subtract line 7b from line 7a). Total plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 7b from line 7a). Not plan assets (subtract line 8b from line 8a (2)). Sea (2) Participants. Sea (2) Sea (2) Sea (3). Sea (3) Sea (3). Other Income (sos). Sea (3) Sea (3). Other Income (sos). Sea (3) Sea (3). Sea (3) Sea (3). Other Income (sos). Sea (3) Sea (3). Sea (3) Sea (3). Sea (3) Sea (3). Sea (4) Sea (4). Sea (4) Sea (4). Sea (5) Sea (4). Sea (5) Sea (6). Sea (6) Sea (6). Sea (7) Sea (7). Sea (7) Sea (7). Sea (8) Sea (7). Sea (8) Sea (8). Sea (9) Sea (8)	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiter of the annual examination and report of an Independent qualified public accountant (IC under 26 CPR 250:104-48? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6 a or line 6b, the plan cannot use Form 5500-SF and must instead use if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 402:1)? If If Plan Assets and Liabilities (a) Beginning of Year Total plan assets. 7a 334712 Total plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 7b from line 7a). Net plan assets (subtract line 8b (1), 8a(2), 8a(3), and 8b). Net line of class (subtract line 8b (1), 8a(2), 8a(3), and 8b). Net line of class (subtract line 8b (1), 8a(2), 8a(3), and 8b). Net line of class (subtract line 8b from line 8c). If the plan provides person benefits, enter the applicable verifier feature codes from the List of Plan Characterist of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterist (1) and plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterist (1) and plan provides welfare benefits, enter the applicable welfare feature codes from the	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 220.10-46 (Yes einstructions on waiver eligibility and conditions.) If you answered "No" to either line & or line &, the plan cannot use Form 6500-SF and must instead use Form the plan for either line & or line &, the plan cannot use Form 6500-SF and must instead use Form the plan for a defined benefit plan is it covered under the PBGC insurance program (see ERISA section 4021)?	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions). Are you claiming a walver of the annual examination and report of an independent qualified public accountant (ICPA) under 23 CFR 250:10-48° (See instructions on waiver eligibility and conditions). If you answered "No" to other line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500 if the plan is defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Are you claiming a waker of the annual examination and report of an independent qualified public accountant (IQPA) review of the fire South 104-45? (See Instructions on waker eligibility and conditions.) If you asserted 'No' to either line fie or line 6b, the plan cannot use form \$500-57 and must instead use Form \$500. If you have been developed the interval of the plan is a control to the plan assets and the plan assets and tables seed not 201? "Yes No No No FILE Financial Information File Assets and Liberation Total plan assets Seed Seed Total plan assets Seed Seed Seed Seed Total plan assets Seed Seed Seed Seed Seed Seed Total plan assets (authors line 70 from line 7a). 7c 334712 Total plan liabilities Seed Seed	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Verein Carbon Country of the annual examination and report of an independent qualified public accountant (IQPA) Verein Carbon Country of the Agn Case instructions on variety of an independent qualified public accountant (IQPA) Verein Carbon Country of the plan is a softward with the plan cannot use Form 5000-57 and must instead use Form 5000. Verein Carbon Country of the plan is a co	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Were all of the plan's avoider of the annual examination and report of an independent qualified public accountant (IOPA) Were all of the annual examination and report of an independent qualified public accountant (IOPA) Were all of the plan is a defined benefit plan. Is it covered under the PECC insurance progregate, see [Fish accion 402177

Form 5500-SF 2014	Page 3 -	Г	1										
you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	d s	kip	to line	13.						_		
Enter the minimum required contribution for this plan year							12b	Т					
Enter the amount contributed by the employer to the plan for this plan	year						12c	Т					
Subtract the amount in line 12c from the amount in line 12b, Enter the	result (enter a mini	us	siar	n to the	e left of a		12d						
]	$\dot{\Box}$	Yes	П	No	П	N/A
			-										
Has a resolution to terminate the plan been adopted in any plan year?								Yes	ſχ	No		_	
							13a	Т					
Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to another	nl:	an	or bro	aht unde	r the	ontro				 П үе	s V	No.
If during this plan year, any assets or liabilities were transferred from t	his plan to another	pla	an(s), iden	tify the pl	an(s) i	0				<u> </u>		1
I3c(1) Name of plan(s):	-					1:	3c(2)	EIN(s	·)	٦	13c(3) PI	N(s)
						-			-	\neg		<u> </u>	
YIII Trust Information (optional)										1			
							14b	Trust	's FII				
									J _ [•			
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount). Will the minimum funding amount reported on line 12d be met by the fine a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer all the plan assets distributed to participants or beneficiaries, traof the PBGC?	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.) Trust Information (optional)	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and so Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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, of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.) Trust Information (optional)	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year