Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury mal Revenue Service	This form is required to be filed	4065 of the Employee R		2016				
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the de).	Internal	This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	500-SF.				
For calend	Annual Report Ic	dentification Information	016	and ending 12	2/31/2016				
		a single-employer plan				ting this box must attach a			
A This ref	turn/report is for:	a one-participant plan		employer information in ac		-			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)				
C Check	box if filing under:	 Form 5558	automatic extension	1	DFVC p	rogram			
		special extension (enter descri	,						
Part II		mation—enter all requested inf	ormation						
<b>1a</b> Name ERICKSON	of plan AEROSPACE, INC. 401	(K) P/S PLAN			<b>1b</b> Three plan (PN)	number			
					1c Effect	tive date of plan 01/01/2007			
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number 90-0054485			
	AEROSPACE, INC.	country, and ZIP or foreign posta	ai code (il loreign, see in	structions)	2c Sponsor's telephone number 425-881-1814				
13220 N.E. 5 BELLEVUE,					2d Busir	ess code (see instructions) 425120			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	ISOT.		<b>3b</b> Admi	nistrator's EIN			
					3C Admi	nistrator's telephone number			
		blan sponsor has changed since to be from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Spons	or's name				<b>4c</b> PN				
5a Total	number of participants at	t the beginning of the plan year			5a	3			
<b>b</b> Total	number of participants at	the end of the plan year			5b	2			
		count balances as of the end of t		-	5c	2			
<b>d(1)</b> Tot	al number of active partion	cipants at the beginning of the pla	an year		5d(1)	3			
<b>d(2)</b> Tot	al number of active partie	cipants at the end of the plan yea	ar		5d(2)	2			
than	100% vested	rminated employment during the			5e	С			
		incomplete filing of this return							
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ster.							
CICIL		lid electronic signature. 07/24/2017 CHRISTINA ERICKS			DN				
HERE	Signature of plan adr	administrator Date Enter name of individ			ual signing a	as plan administrator			
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor			
Preparer's		ne, if applicable) and address (in	clude room or suite num			telephone number			
		see the Instructions for Form 5500	05			Form 5500-SE (2016)			

6a b									
		isulatice p	Solution (See ENISA Section 4021)						
Pa	rt III Financial Information		r	·					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	493922	371874					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	493922	371874					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	5393						
	(2) Participants	8a(2)	28550						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	22472						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		56415					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	178463						
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		178463					
i	Net income (loss) (subtract line 8h from line 8c)	8i		-122048					
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:  $2E \ 2G \ 2J \ 2K \ 2T \ 3D$ 

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

## Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	X			60000
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		Х		
е	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		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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 a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					🗌 Y	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΠY	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day	′	Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter amount)			12d			
е	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 in any plan year?				X Yes	s 🗌 No	)
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes X	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi	an's
						leiepho	ne number	
Par	4 IV	IRS Compliance Questions						
rai							□	
15a	Is the	plan a 401(k) plan? If "No," skip b	🛛	Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior ye test	ar" ADP
				"Curre ADP t	ent year' est		N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	e date	of the m	ost rec	ent determir	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa ce?		from	Yes	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

Third at Name of Labor         2016           Descense of Labor         Songles all entries in accordance with the instructions to the Eron (society) and elositics (society) and e		· · · · · · · · · · · · · · · · · · ·		Benefit Plan	t of Small Employee		OMB Nos. 1210-0 1210-0
Entryste berink Scam, Administrators         This Form is Open I         This Form is Open I           Partial         A mutual Report Identification Information         and ending 1231/2016         and ending 1231/2016           For calendar plan, year Splink or Respinging Divis/2016         and ending 1231/2016         and ending 1231/2016           A This return/report is for:         a one-participant plan is an eligibility of the plan is a method information         The eligibility of the plan is a eligibility of the plan is a plan is an eligibility of the plan eligibility and the plan is and eligibility of the plan is an el			This form is required to be fi		4065 of the Employee Retiremer	nt	2016
A complete all entries in accordance with the instructions to the Form 550-3F.     Fart   Annual Report Identification Information     For calendar plan year 2016 of fiscal plan year beginning 010/12016     a an ending 12/03/0216     box if filing under:     a an ending 12/03/0216     box if filing under:     a short plan year 2016     box if filing under:     a precise technic (enter description)     Part II Basic Plan Information-enter all requested information     1a Namo of plan     ERICKSON AEROSPACE, INC. 401(k) PIS PLAN     10     box ending atches (noutine from end atches) (or PO, Box)     Clifly of town, sate or provinge, country, and 2IP or foreign postal code (if foreign, see instructions)     SicKCSON AEROSPACE, INC. 401(k) PIS PLAN     clifly 03/002448     clifly		e Benefits Security Administration	n			This I	
For calendar planyear 2016 or fisce planyear beginning 01/01/2016       an ending 12/81/2016         A This return/report is in a one-participant plan ist of participating employer information in accordance with the form instructions.)       a one-participant plan ist of participating employer information in accordance with the form instructions.)         B This return/report is in an emerided etturn/report is shot plan year return/report (less than 12 months)       c C Check box if filing under: is pecial ackension (enter description)         Part II Basic Plan Information—enter all requested information       1b Three-digit plan information—enter all requested information         1a Name of plan       1b Three-digit plan information—enter all requested information         1a Name of plan       1b Three-digit plan information—enter all requested information         1a Name of plan       1b Three-digit plan information—enter all requested information         1a Name of plan       1b Three-digit plan information—enter all requested information         1a Name of plan       1b Three-digit plan information—enter all requested information         2a Plan sponsor's name (employer, lif for a single-employer plan) Milling blances (plantification in accordance with east return/report.       2b C Employer identification Number (eth) is a solocal accordance with east return/report.         32 ON ELESTIPL       2d Businese code (see instruction 426120         2d It the name and/or EIN of the plan sponsor has changed since the tast return/report fied for this plan, enter the name, EIN, and the plan numb	Pension		Complete all entries in		ructions to the Form 5500-SF.		me inspection
A This return/report is for: <ul> <li>a an another employer plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>a foreign plan</li> </ul> B This return/report is <ul> <li>the first return/report</li> <li>a some-participant plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>b of participants</li> <li>a short plan year return/report (less than 12 months)</li> </ul> C Check box if filing under:							
A This return/report is for:       a one-participant plan       is of prairicipating employer information in accordance with the form instructions.)         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       an amended return/report       be final return/report (less than 12 months)         C Check box if filing under:       portiolation (enter description)       DPVC program         Part II       Basic Plan Information - enter all requested information       10         1 A Name of plan       10       Three-digit plan number (PN)       001         1 C Effective date of plan       001       010/02007       10       <	For cale	ndar plan year 2016 or					
C       C Check box if filing under:       Gen anmended return/report       a short plan year return/report (less than 12 months)         Part II       Basic Plan Information—enter all requested information       DFVC program         1a Name of plan       Ib       Three-digit plan number         1a Name of plan       1b       Three-digit plan number         2a Plan sponsor's name (employer, if for a single-employer plan)       1b       Three-digit plan number         Mailing address (include conce, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer identification Numbe (EIN 90-0054485         220 N.E. 55TH PL.       2b       Somo's talephone number (25) 881-1814       2d         24. If the name and/or EIN of the plan sponsor has changed since the last return/report fied for this plan, enter the asponsor's telephone number (25) 881-1814       2d         320 N.E. 55TH PL.       3b       Administrator's EIN       3c         ELLEVUE, VA 98005       3a       Plan administrator's name and address S Same as Plan Sponsor.       3b       Administrator's telephone number (address for the plan number of participants at the beginning of the plan year.       5a       3c         35       C same and address of the end of the plan year.       5b       5c       2c         4       If the name and/or EIN of the plan sponsor has changed since the plan year.       5a       3c	A This	return/report is for:		list of participating er			
C       C Check box if filing under:       Gen anmended return/report       a short plan year return/report (less than 12 months)         Part II       Basic Plan Information—enter all requested information       DFVC program         1a Name of plan       Ib       Three-digit plan number         1a Name of plan       1b       Three-digit plan number         2a Plan sponsor's name (employer, if for a single-employer plan)       1b       Three-digit plan number         Mailing address (include conce, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer identification Numbe (EIN 90-0054485         220 N.E. 55TH PL.       2b       Somo's talephone number (25) 881-1814       2d         24. If the name and/or EIN of the plan sponsor has changed since the last return/report fied for this plan, enter the asponsor's telephone number (25) 881-1814       2d         320 N.E. 55TH PL.       3b       Administrator's EIN       3c         ELLEVUE, VA 98005       3a       Plan administrator's name and address S Same as Plan Sponsor.       3b       Administrator's telephone number (address for the plan number of participants at the beginning of the plan year.       5a       3c         35       C same and address of the end of the plan year.       5b       5c       2c         4       If the name and/or EIN of the plan sponsor has changed since the plan year.       5a       3c	R This #	atura/ropart in					
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A construction (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan  RICKSON AEROSPACE, INC. 401(k) P/S PLAN  1b Three-digit plan number (PN)  1c Entertive date of plan Otio12007  2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, and, suite no, and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2c Sponsor's tate or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2c Sponsor's tate or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2c Sponsor's tate or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2c Sponsor's tate or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2c Sponsor's tate or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2c Sponsor's telephone number (dz) Sult number of participants at the beginning of the plan year.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's aname  4 C PN  5 a Total number of participants at the beginning of the plan year.  5 b C C  5 c C 1 and the order participants at the end of the plan year.  5 c C 1 and the order participants at the end of the plan year.  5 c C 1 and the order participants at the end of the plan year.  5 c C 1 and the order participants at the end of the plan year.  5 c C 1 and the order participants at the end of the plan year.  5 c C 1 and the order participants at the end of the plan year.  5 c C 1 and the provide participants at the end of the plan year.  5 c C 1 and the provide participants at the end of the plan year.  5 c C 1 and the provide participants at the end of the plan year.  5 c C 1 and the provide participants at the end of the plan year.  5 c C 1 and the provide partis that terminated employment during the plan year	C Chec	k box if filing under:			-	Coroaram	
Part II       Basic Plan Information—enter all requested information         1a Name of plan       Three-digit plan number of plan         PRICKSON AEEROSPACE, INC. 401(k) P/S PLAN       1b Tree-digit plan number (PN) M         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Enective date of plan 01/01/2007         2b Transponsor's name (employer, if for a single-employer plan)       2b Employer (dentification Numbe (EN) 96:00-64485         2c Sponsor's state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer (dentification Numbe (EN) 96:00-64485         3c ON E. S5TH PL.       2c Sponsor's telephone number (425) 881-1814       2d Business code (see instruction 426120         3a Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number (425) 881-1814         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.       3b Administrator's telephone number (425) 841-1814         5a Total number of participants at the beginning of the plan year.       5a       5c         5b Total number of acticipants at the end of the plan year.       5c       5c         64(1) Total number of acticipants at the end of the plan year.       5d(1)       3d(2)         7c Number of active participants that terminated employment during the plan year.       5c       5c <t< td=""><td></td><td></td><td></td><td></td><td></td><td>c program</td><td></td></t<>						c program	
1a Name of plan       1b Three-digit plan number (only P/S PLAN       01         ERICKSON AEROSPACE, INC. 401(k) P/S PLAN       1c Effective date of plan 0/10/12007         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan 0/10/12007         2b Employer Identification Number (inf) or own, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number (425) 881-1814         2c Sponsor's telephone number (425) 881-1814       2d Business code (see instruction 425120         Size N.E. S5TH PL.       2d Business code (see instruction 425120         VELLEVUE, WA 98005       3b Administrator's name and address Same as Plan Sponsor.         3c Administrator's telephone number (425) 881-1814       2d Business code (see instruction 425120         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.       3b Administrator's telephone number for the plan year.         5a Total number of participants at the edginning of the plan year.       5a       5a         5a Total number of participants at the edging of the plan year.       5b       5c         6d (1) Total number of participants at the edging of the plan year.       5b       5c         7 total number of participants at the edging of the plan year.       5b       5c         6 Number of participants at the edging of	- <b>1</b>	Desite Dise to f		• •			
ERICKSON AEROSPACE, INC. 401(k) P/S PLAN       plan number (PN) ▶       001         2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer identification Number (EIN) 90-0054485         220 N.E. S5TH PL.       2d       Business code (see instruction)       2d       Business code (see instruction)         3220 N.E. S5TH PL.       3d       Administrator's name and address [] Same as Plan Sponsor.       3b       Administrator's EIN         3a       Plan administrator's name and address [] Same as Plan Sponsor.       3b       Administrator's telephone number (A25) 801-1814         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.       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       5a         5       5       2       2       2         6(1)       33       Gally a participants at the end of the plan year.       5b       2         6       Number of participants at the end of the plan year.       5b       2       2         7       Total number of active participants at the end of the plan year.       5d(1)	-		ormation—enter all requested in	nformation			<del>.</del>
2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer identification Number (EIN) 90-0054485         Size N.E. 55TH PL.       2d       Sponsor's telephone number (25) 881-1814       2d         Business code (see instruction)       3b       Administrator's cin       4b         Size N.E. 55TH PL.       3d       Administrator's name and address (instruction)       3b       Administrator's cin         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.       3b       Administrator's telephone numi         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.       3b       Administrator's telephone numi         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 form the last return/report.       3b       Administrator's telephone numi         5a       Total number of participants at the end of the plan year       5a       5a       5c			401(k) P/S PLAN		pl	an number	001
2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer identification Number (EIN) 90-0054485         2c       Sponsor's telephone number (A25) 881-1814       2c       Sponsor's telephone number (A25) 881-1814         320 N.E. 55TH PL.       FELLEVUE, WA 98005       3b       Administrator's name and address [] Same as Plan Sponsor.       3b         3a       Plan administrator's name and address [] Same as Plan Sponsor.       3b       Administrator's telephone number (A25) 881-1814         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.       3b       Administrator's telephone number (A25) 841-814         5a       Sa       Sa       Sa       Sa       Sa         5a       Sa       Sa       Sa       Sa       Sa         6       Number of participants at the beginning of the plan year       Sa       Sa<							
Mailing address (include room, apt., suite no. and street, or P.O. Box)       (EIN) 90-0054485         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C         Sponsor's telephone number (425) 881-1814       2d         Business code (see instruction)       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.       3b         A ministrator's name       4c         Pictal number of participants at the beginning of the plan year.       5a         So complete this item).       5b         City Total number of participants at the end of the plan year.       5b         City Total number of active participants at the end of the plan year.       5d(1)         City Total number of active participants at the end of the plan year.       5d(2)         City Total number of active participants at the end of the plan year.       5d(1)         City Total number of active participants at the end of the plan year.       5d(2)         City Total number of active participants at the end of the plan year.       5d(2)         City Total number of active participants at the end of the plan year.       5d(2)         City Total number of active participants at the end of the plan year.       5d(2)         City Total number of active participants at the end of the pl		. <u> </u>					•
ERICKSON AEROSPACE, INC.       2C       Sponsor's telephone number (425) 881-1814         220 N.E. 55TH PL.       2d       Business code (see instruction 425120         EELLEVUE, WA 98005       3a       Plan administrator's name and address Same as Plan Sponsor.       3b       Administrator's EIN         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.       3b       Administrator's telephone number from the last return/report.         4       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a         c       Number of participants at the end of the plan year       5b         c       Number of participants at the end of the plan year       5d(1)         d(1)       Total number of active participants at the end of the plan year       5d(2)         c       Number of participants at the end of the plan year       5d(2)         d(2)       Total number of active participants at the end of the plan year       5d(2)         d(2)       Total number of active participants at the end of the plan year       5d(2)         d(2)       Total number of active participants at the end of the plan year       5d(2)         d(2)       Total number of active participants at the end of the plan ye	Maili	ing address (include roo	om, apt., suite no. and street, or P.	O. Box)	(E		
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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       X Christing Erickson         Signature of plan administrator       1 7 - 13 - 17         Signature of plan administrator       Date         Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date         Enter name of individual signing as employer or plan sponsor	nam a Spon 5a Total b Total c Num com d(1) To d(2) To e Num than	Ite, EIN, and the plan nu nsor's name I number of participants ber of participants with plete this item)	umber from the last return/report. s at the beginning of the plan year . s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye t terminated employment during the	the last return/report filed f the plan year (only defined lan year e plan year with accrued be	or this plan, enter the 4b El 4c PN 5a 5b contribution plans 5c 5d(1) 5d(2) nefits that were less 5e	Iministrator's 1	telephone numb
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or Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Form 5500-SF (20)	nam a Spon 5a Tota b Tota c Num com d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is BIGN HERE Preparer's	In the plan number of participants of participants of participants with plete this item)	umber from the last return/report. as at the beginning of the plan year : as at the end of the plan year : account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- und signed by an enrolled actuary, and applete. Description administrator byer/plan sponsor name, if applicable) and address (in	the last return/report filed f the plan year (only defined lan year e plan year with accrued be <b>n/report will be assessed</b> ctions, i declare that I have as well as the electronic ver <u>1 7 - 13 - 17</u> Date Date nclude room or suite numbe	3c Ad         or this plan, enter the       4b El         4c Ph         5a         5b         contribution plans         5c         5d(1)         5d(2)         nefits that were less         5e         unless reasonable cause is est         examined this return/report, inclusion of this return/report, and to t         × / Ch/istig< Eric	Iministrator's f	telephone numb

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6a b	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indepen and condition	dent qualified public	accour	ntant (l	QPA)			X Ye	s 🗌 No s 🗍 No
	If you answered "No" to either line 6a or line 6b, the plan can	not u <del>s</del> e For	m 5500-SF and mu	ist inste	ad us	e For	m 550	0.	-	
C	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pr	ogram (see ERISA	section	4021)?	?	🗌 Yes	s [] No	Not de	termined
Pa	rt III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ır 🗌		-	(b) End	of Year	
a	Total plan assets	. 7a		4939	_				3718	374
b	Total plan liabilities	. 7b								
c	Net plan assets (subtract line 7b from line 7a)	7c		4939	22				3718	74
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) T	otai	
a	Contributions received or receivable from: (1) Employers	8a(1)		53	93					
	(2) Participants	8a(2)		285	50				_ 1	
	(3) Others (including rollovers)	8a(3)							1.1	1.21
<u>b</u>	Other income (loss)	8b		224	72					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							564	15
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1784	63	3				
е	Certain deemed and/or corrective distributions (see instructions)	8e				513				
f	Administrative service providers (salaries, fees, commissions)	8f				412				
g	Other expenses	8g			T		ТЦ (			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1784	63
I	Net income (loss) (subtract line 8h from line 8c)	8i			-122048					48
j	Transfers to (from) the plan (see instructions)	8j					X.			
Pa	t IV Plan Characteristics									N
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature code	es from the List of P	lan Cha	racteri	stic C	odes ir	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acteris	lic Co	des in :	the instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	<u> </u>	Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fide	uciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	ude transactions	10b		х				
C	Was the plan covered by a fidelity bond?			10c	х					60000
d	Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?	fidelity bond	, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	e benefits under	10e		х		-		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			_	
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? (\$ 2520.101-3.)	See instructi	ons and 29 CFR	10g		x			<u> </u>	
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	e required n	otice or one of the	101					an anta	

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14.15 BUR

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Part									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	comple	ete Sch	nedule S	B		] Yes		No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	Code or	r sectio	n 302 o	f	[	] Yes	X	No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in:	structio			the date		ttor rul	ing	
	granting the waiver	Month		Day		Yea		ng	
				12b					
	Enter the minimum required contribution for this plan year								
	Enter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d					
- Carton - 1	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	1	J/A	
Part \								_	
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?				X Yes	<u> </u>	Na		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ght und	der the			Yes	X No	)	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)		·						
1:	3c(1) Name of plan(s):		13c(2)	EIN(s)		130	( <b>3</b> ) PN	(s)	
Part									
14a N	lame of trust			14b 1	rust's E	IN			
14c N	lame of trustee or custodian					e numbe			
Part	IX IRS Compliance Questions							_	
15a I	s the plan a 401(k) plan? If "No," skip b		Yes		E	] No		-	
<b>15b</b> ⊦ 4	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	- H 1	Desigr safe h	n-based arbor		Prior test	уеаг" А	DP	
			"Curre ADP te	nt year" est		] N/A			
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply:		Ratio percentest	ntage		erage nefit test		N/A	<u>ــــــــــــــــــــــــــــــــــــ</u>
16b (	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		[	] No			
17a ii	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS he letter and the serial number	opinion	letter	or advis	ory lette	er, enter t	the date	e of	
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, er etter	nter the	date o	f the mo	ost rece	nt detern	nination	)	
18 D V	efined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not sepa ervice?	arated f	rom	Yes		No			
	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No			