## 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 Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	Complete all entries in accordation	nce with the instruc	tions to the Form 5500	)-SF.				
Part I	Annual Report Identification Information							
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A This return/report is for:  ☐ a multiple-employer plan ☐ a multiple-employer plan (not multiemployer)					r) a one-participant plan			
B This return/report is:  the first return/report the final return/report								
	an amended return/report as	short plan year returr	n/report (less than 12 mo	onths)	)			
C Check box if filing under: Form 5558 automatic extension				DFVC program				
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	on						
1a Name	of plan			1b	Three-digit			
ERICKSON A	AEROSPACE, INC. 401(K) P/S PLAN				plan number			
					(PN) <b>•</b>	001		
				1c	Effective date o	•		
20 Dian a		alassas if fan a aineila		O.L.	01/01			
	consor's name and address; include room or suite number (empages)	bloyer, if for a single-	employer plan)	<b>2b</b> Employer Identification Number (EIN) 90-0054485				
				2c	2c Sponsor's telephone number			
13220 NE 55					1-1814			
BELLEVUE,	WA 98005			2d	Business code (	(see instructions)		
3a Plan ad	dministrator's name and address Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's			
ERICKSON AI	EROSPACE, INC. 13220 NE 55TH I			2-		)54485		
	BELLEVUE, WA	98005		3C	Administrator's 425-88	telephone number 1-1814		
4 If the r	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EIN			
name,	EIN, and the plan number from the last return/report.		a the plan, enter the	70	LIIV			
name, <b>a</b> Sponso	•		r the plan, enter the	4c				
<b>a</b> Sponso	•	· 	, .			3		
<ul><li>a Sponso</li><li>5a Total r</li><li>b Total r</li></ul>	or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year			4c		3		
<ul><li>a Sponso</li><li>5a Total r</li><li>b Total r</li><li>c Numbo</li></ul>	or's name number of participants at the beginning of the plan year	n year (defined bene	fit plans do not	4c 5a				
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<ul><li>a Sponso</li><li>5a Total r</li><li>b Total r</li><li>c Numbo compl</li><li>6a Were</li><li>b Are yo</li></ul>	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the pla ete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an	n year (defined bene assets? (See instruc independent qualifie	fit plans do not tions.)	4c 5a 5b 5c	PN	3 3 X Yes No		
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Form 5500-SF 2013 Page **2** 

7 Pien Assets and Liabilities	Pai	t III Financial Information										
a Total plan assets b Total plan labellities c To 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				(a) Reginning of Ves	or.			(b) End	of V	ar		_
D Total plan labilities. 77b			(7, 3, 3,					(b) Liiu				_
C Net plan assets (subtract line 7n from line 7a). 7c (a) 431135 (334712  8 noome. Expenses, and Trainfers for this Plan Year (b) Amount (b) Total  7 participants. 88(2) 7 (2) 4 (2					0							
8 income, Expenses, and Transfers for this Plan Year 2 Oxfortitutions received or receivable from: (1) Employers (2) Participants (3) Others (moduling rollovers) (3) Others (moduling rollovers) (4) Employers (5) Total income (loss) (6) Benefits paid (including rollovers) (6) Benefits paid (including rollovers) (7) Employers (8) Benefits paid (including rollovers) (8) Benefits paid (including direct rollovers and insurance premiums by rovide benefits) (8) Employers (8) Benefits paid (including direct rollovers and insurance premiums by rovide benefits) (9) Employers (9) The respenses (9) The respenses (and lines 8d,	·			43113	5				3	34712		
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollivers). (3) Others (including rollivers). (4) Expertise pairs. (5) Others (including rollivers). (5) Others (including rollivers). (6) Other income (loss). (7) Others (including rollivers). (8) Ba(3) OTHERS (including rollivers). (8) A6346  C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (1) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (1) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (2) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (1) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (1) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (2) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (3) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (4) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (5) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) C. Part IV [Pan Characteristic Codes in the instructions.  10) Lines pan provides benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions.  10) Lines pan provides benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions.  10) Lines pan provides welfare destricts the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions.  10) Lines pan provides welfare benefits, enter the applica								(b) T				
(2) Participants.   8a(2)   63500   (3) Others (including rollovers).   8a(3)   0    D Other income (oss).   8   48346    C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).   8c   116970    D Bernifs paid (including direct rollovers and insurance premiums by provide benefits).   8c   116970    D Bernifs (including direct rollovers and insurance premiums by provide benefits).   8c   116970    D Bernifs (including direct rollovers and insurance premiums by provide benefits).   8c   116970    D Bernifs (including direct rollovers and insurance premiums by provide benefits).   8c   1177    D Compresses.   8c   0   1177    D Compresses.   8c   0   1177    D Compresses.   8c   0   1177    D Net income (loss) (subtract line 8h from line 8c).   8h   1177    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Net income (loss) (subtract line 8h from line 8c).   8h   1178    D Note (loss) (subtract line 8h from line 8c).   8h   1178    D Note (loss) (subtract line 8h from line 8c).   8h   1178    D Note (loss) (subtract line 8h from line 8c).   8h   1178    D Note (loss) (subtract line 8h from line 8c).   8h   1178    D Note (loss) (subtract line 8h from line 8c).   8h   1178    D Note (loss) (subt				(a) Amount				(10)	Otai			
Solidars (Including rollovers)   Sa(3)   0			8a(1)	712	4							
b) Other imcome (loss) C Total Incomore (loss) B		(2) Participants	8a(2)	6350	0							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0							
Benefits paid (including direct rollovers and insurance premiums or provide benefits).   Bete   Description	b	Other income (loss)	8b	4634	6							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	16970		
f Administrative service providers (salaries, fees, commissions)	d		8d	20727	6							
Solid Repenses   Solid Republic Repu	е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
Note   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   213393     Net income (loss) (subtract line 8h from line 8c)   8i   -96423     Transfers to (from) the plan (see instructions)   8j   -98423     Transfers to (from) the plan (see instructions)   8j   -98423     Transfers to (from) the plan (see instructions)   8j   -98423     Transfers to (from) the plan (see instructions)   8j   -98423     Transfers to (from) the plan revokes pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 20   25   25   25   25   25   25   25	f	Administrative service providers (salaries, fees, commissions)	8f	611	7							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	13393		
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:  2G 3D 2F 2E 2J 2K  b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    During the plan year:	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							96423		
Figure 1   Figure	j	Transfers to (from) the plan (see instructions)	8j									
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   Yes   No   Amount	Par	t IV Plan Characteristics										
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruc	tions	:		
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)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	des in t	he instruct	ons:			
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)	Part	V Compliance Questions										
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)	10					Yes	No		Amo	unt		_
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)	a Was there a failure to transmit to the plan any participant contributions within the time period described in		10a	Χ					138	32		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	, , , , , , , , , , , , , , , , , , , ,	•	•	10b		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			100	Χ					500	00
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				000	00
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	—е				.00							
f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		,			10e							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h	· · · · · · · · · · · · · · · · · · ·			10h		X					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	·	•		10i							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance										
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11a	3000/ und min + 14 2000/)										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								FRISA?	П	Yes	X	No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.												
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		and (	_	ne date of t			ing	
Enter the initial required contribution for the plan year							12b					

Page	3 -	1
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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 (enter a minus sign to the left of a negative amount)						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			