## 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).

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part	I Annual Report	t Identification Information										
For cale	endar plan year 2015 or f	iscal plan year beginning 01/01/2	2015	and ending 12	2/31/2015							
<b>A</b> This	a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)   a foreign plan											
<b>B</b> This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)									
<b>C</b> Che	eck box if filing under:	X Form 5558 special extension (enter desc	automatic extension									
Part	II Basic Plan Info	ormation—enter all requested in	formation									
	me of plan ON AEROSPACE, INC.				<b>1b</b> Three-digingler plan number (PN) ▶							
			1c Effective of	date of plan 01/01/2007								
Ma	ailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		(1)	<b>2b</b> Employer Identification Number (EIN) 90-0054485							
	y or town, state or provin DN AEROSPACE, INC.	ce, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	<b>2c</b> Sponsor's telephone number 425-881-1814							
13220 N. BELLEVU	E. 55TH PL. JE, WA 98005	2d Business code (see instructions) 425120										
3a Pla	an administrator's name a	and address XSame as Plan Spons	sor.		3b Administra 3c Administra	ator's EIN ator's telephone number						
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN							
	onsor's name	difficer from the last return/report.			4c PN							
		s at the beginning of the plan year			F-							
_		s at the end of the plan year										
	•	account balances as of the end of		•	5c							
d(1)	Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	3						
d(2)	Total number of active pa	articipants at the end of the plan ye	ar		5d(2)	3						
<b>e</b> N	umber of participants tha nan 100% vested	t terminated employment during the	plan year with accrued be	enefits that were less	5e							
Cautio	n: A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	use is establishe	ed.						
SB or S		other penalties set forth in the instruction and signed by an enrolled actuary, and lete.										
SIGN		d/valid electronic signature.	09/30/2016	CHRISTINA M. ERICH	KSON							
HERE	Signature of plan		Date	Enter name of individ	ual signing as pla	an administrator						
SIGN HERE	Cimpators		Date	Enter passes of the Political								
		oyer/plan sponsor name, if applicable) and address (ir	dual signing as employer or plan sponsor  Preparer's telephone number									
Fiepale	er a name (including littl	name, ii applicable) and address (ii	iolade room of suite numi.	)	i reparer s telep	mone number						

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a supplementary of the supplementary of th</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	∕es
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	•
<b>a</b> Total plan assets	7a		418	899				4	93922
<b>b</b> Total plan liabilities	7b		440	2000				4	20000
C Net plan assets (subtract line 7b from line 7a)	7c	(a) A		899			4.1.		93922
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		9	063					
(2) Participants	8a(2)		66	000					
(3) Others (including rollovers)	8a(3)			540					
<b>b</b> Other income (loss)	8b		-	580					75000
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums	8c								75023
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
<b>g</b> Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Net income (loss) (subtract line 8h from line 8c)	8i								75023
j Transfers to (from) the plan (see instructions)	8j								
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A		Amou	nt
<b>a</b> Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a	X					5323
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
				V					
			10c	X					60000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
• Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			-,						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								\	res No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?		res X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> 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									
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		<b>14d</b> Trustee's or custodian's						
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio percentage Average benefit			rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount	······	19						
20	Were r	s	No	N/A						

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part		t Identification Information	<u> </u>							
For cale	ndar plan year 2015 or	fiscal plan year beginning 01/01/20  X a single-employer plan		and ending 12						
<b>∆</b> This	return/report is for:	plan (not multiemployer	yer) (Filers checking this box must attach a in accordance with the form instructions)							
F. 17113	return eport is ior.	a one-participant plan	a foreign plan	accordance with t	ne form instructions)					
		_	П							
<b>B</b> This r	eturn/report is	the first return/report	n/report							
		an amended return/report	t a short plan year return/report (less than 12 months)							
C Chec	k box if filing under:	•	☐ DFVC program							
	•	X Form 5558 special extension (enter description)	automatic extension		∏ prv	o program				
Part II	Basic Plan Info	ormation—enter all requested in	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
	ne of plan	offination—enter an requested in	iormation		1b Three-dig					
	N AEROSPACE, INC.	401(k) P/S PLAN			plan num	ber				
		•			(PN) ▶ 001					
					1c Effective 01/01/200					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	Boy)			Identification Number				
City	or town, state or provinc	e, country, and ZIP or foreign post		structions)	(EIN) 90-0					
ERICKSO	N AEROSPACE, INC.					s telephone number (425) 881-1814				
					i	code (see instructions)				
13220 N.E	. 55TH PL.				425120					
BELLEVU	E, WA 98005									
3a Plan	administrator's name a	nd address X Same as Plan Spons	or.		3b Administrator's EIN					
		_								
					3c Administrator's telephone number					
A If the										
		e plan sponsor has changed since to or the last return/report.	he last return/report filed	for this plan, enter the	4b EIN					
	sor's name				4c PN					
5a Total	number of participants	at the beginning of the plan year			5a	3				
		at the end of the plan year			5b	3				
C Num	ber of participants with a	account balances as of the end of the	ne plan year (defined ben	efit plans do not	5c					
					<b></b>	3				
		ticipants at the beginning of the pla			5d(1)	3				
		rticipants at the end of the plan year			5d(2)	3				
		terminated employment during the			5e					
Caution: /	A penalty for the late of	or incomplete filing of this return/	report will be assessed	unless reasonable car	ıse is establishe	d.				
Under per	natties of perjury and other	ner penalties set forth in the instruct id signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule				
belief, it is	true, correct, and comp	lete.	well as the electronic ve	rsion of this return/report	, and to the best	or my knowledge and				
SIGN	x Christing	M Erickson	19-26-16	XJ Christina	m Enck	con				
HERE	Signature of plan a		Date	Enter name of individ						
SIGN					3					
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individe	ual signing as omi	ployer or plan sponsor				
Preparer's		ame, if applicable) and address (inc			Preparer's telepi					
		·			•					
				-						

	Form 5500-SF 2015		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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an independent and condition not use For	dent qualified public a ons.) m 5500-SF and mus	account	ant (IC	QPA) ⊶ Form	ı 5500,	•••••	X Yes X Yes	No No
		iourarioc pr	ogram (see Enton s		10217:		] 103			
ra 7		A Marso	(a) Dantania	4 \				/b) Fd		
	Plan Assets and Liabilities	14.00	(a) Beginnin	4188		+		(b) End	493922	
	Total plan assets	7a		7100		+			730322	
	Total plan liabilities	7b 7c	<del></del>	4188	99	+			493922	
	Net plan assets (subtract line 7b from line 7a)		(a) Amo					(b) T		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt		9		(b) T	o(a)	
	(1) Employers	8a(1)		906	33	b)=				
	(2) Participants	8a(2)		660	00			HE . N		
	(3) Others (including rollovers)	8a(3)		5-	40					
b	Other income (loss)	8b		-58	30	8	mil-			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							75023	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								1111
g	Other expenses	8g						3577		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		E.	44,5	Щ				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	om line 8c) 8i							75023	***
j	Transfers to (from) the plan (see instructions)	8j								u/lu-
Par	t IV Plan Characteristics									
B Part		eature code	s from the List of Pla	n Chara						-
10	During the plan year:	41 41 - 1 -	Also Aires regised		Yes	No	N/A		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 V Program)	oluntary Fig	luciary Correction	10a	x					5323
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	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 by fraud or dishonesty?	fidelity bond	i, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons e or all of th	by an insurance ne benefits under	10e		х	- Esn			
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	s of year en	d.)	10g		х				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х				= 18
i	If 10h was answered "Yes," check the box if you either provided th	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					1 -71			4
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	es," see instructions a	and con	nplete	Sched	ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule S	B (Form 5500) line 40	J			11a		<u> </u>	
12	le this a defined contribution plan subject to the minimum funding						302 of F	RISA?	Yes	X No

	Form 5500-SF 2015 Page <b>3</b> - 1						
	(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 insgranting the waiver.		enter the Day_	date of t	he letter ru Year	ıling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
<u>t</u>	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 (enter a minus sign to the negative 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		,				
138	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougof the PBGC?				Yes X	No	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifully which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Pari	VIII Trust Information						
14a	Name of trust	14b Trust's EIN					
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes	3	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Yes		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentage test		Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes	1	No		
17a	Has the plan been timely amended for all required tax law changes?		Yes	i	No	N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	applicable code (See instructions				
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial r		to a fav	orable IR	S opinion (	or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		he plan	's last favo	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes	Yes No			
19	Were in-service distributions made during the plan year?		Yes		No		
	If "Yes," enter amount		19	-			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh retired), as required under section 401(a)(9)?		Yes		No	□ N/A	