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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repor	t Identification Information								
For calendar plan year 2016 or	fiscal plan year beginning 01/01/2	017	and ending 05	5/31/2017					
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating emp a foreign plan	n (not multiemployer) (ployer information in ac	_					
B This return/report is	the first return/report an amended return/report	the final return/report	/report (less than 12 m	onths)					
C Check box if filing under:	Form 5558 special extension (enter description)	automatic extension DFVC program escription)							
Part II Basic Plan Inf	ormation—enter all requested in	formation							
1a Name of plan ERICKSON AEROSPACE, INC.				1b Three-digit plan number (PN) ▶	er 001				
				1c Effective d	ate of plan 01/01/2007				
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)				2b Employer Identification Number (EIN) 90-0054485					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ERICKSON AEROSPACE, INC.			ictions)	2c Sponsor's telephone number 425-881-1814					
13220 N.E. 55TH PL. BELLEVUE, WA 98005				2d Business code (see instructions) 425120					
3a Plan administrator's name	and address X Same as Plan Spor	nsor.		3b Administrat	or's EIN				
				3c Administrat	or's telephone number				
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of participan	ts at the beginning of the plan year			5a					
b Total number of participan	ts at the end of the plan year			5b					
C Number of participants with complete this item)	h account balances as of the end of	the plan year (only defined o	contribution plans	5c					
d(1) Total number of active p	participants at the beginning of the pl	an year		5d(1)					
d(2) Total number of active p	participants at the end of the plan year	ar		5d(2)					
than 100% vested	at terminated employment during the			5e					
	e or incomplete filing of this return								
	other penalties set forth in the instruction and signed by an enrolled actuary, a mplete.								
Filed with authorize	d/valid electronic signature.	07/24/2017	CHRISTINA ERICKSO	N					

Date

Dat<u>e</u>

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

6a Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s 🗌 No
If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and mus	t inste	ad use	Form	5500.	_		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not det	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a Total plan assets	7a		371874	1					0
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		371874	1					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
Contributions received or receivable from: (1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		25230)					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2523	0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		397104						
e 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				397				14
i Net income (loss) (subtract line 8h from line 8c)	8i				-371874				4
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	des from the List of Pl	lan Cha	ıracteri	stic Co	odes in	the inst	ructions:	
b If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acteris	tic Cod	des in t	he instru	ictions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest			IUa						
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					6000
d 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	n?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х				
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						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		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 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)								
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "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 brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:			n-based arbor	d [erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	N/A	
16a 		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
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
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 e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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

2016

This Form is Open to **Public Inspection**

A This rei	lar plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 05/3		·····						
A This rol		x a single-employer plan				king this box must attach a						
A IIIIS IC	turn/report is for:	D a one porticipant plan		oyer information in a	n in accordance with the form instructions.)							
		a one-participant plan	a foreign plan									
D		the first return/report	X the final return/report									
B this reti	urn/report is		본	nort /loss than 12 m	antha)							
		an amended return/report	X a short plan year return/re	sport (less than 12 h	ionins)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram						
		special extension (enter desc	cription)									
Part II	Basic Plan In	formation—enter all requested in	nformation									
1a Name	J			 .	1b Three	e-digit						
	AEROSPACE, INC.	401(k) P/S PLAN				number 001						
					(PN) 001							
					1	tive date of plan 1/2007						
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)						oyer Identification Number 90-0054485						
City or	town, state or provid	nce, country, and ZIP or foreign pos	tal code (if foreign, see instruct	tions)	2c Spor	sor's telephone number						
ERICKSON AEROSPACE, INC.						(425) 881-1814						
					II.	ness code (see instructions)						
13220 N.E.	55TH PL.				42512	20						
BELLEVUE,	WA 98005											
		and address K Same as Plan Spo	onsor.		3b Admi	nistrator's EIN						
Va Flama	Va Fight administrator a frame and address (1 came ac Fight openios).											
					3c Admi	nistrator's telephone number						
4 If the r	name and/or EIN of t	the plan sponsor has changed since	the last return/report filed for the	his plan, enter the	4b EIN							
name	, EIN, and the plan n	number from the last return/report.										
		a Sponsor's name										
5a Total number of participants at the beginning of the plan year					4c PN							
Ou Totali						2						
b Total i		ts at the end of the plan year				2						
b Total i	er of participants wit	ts at the end of the plan yearh account balances as of the end of	f the plan year (only defined co	ntribution plans	5a							
b Total i	er of participants wit lete this item)	ts at the end of the plan yearh account balances as of the end of	f the plan year (only defined co	ntribution plans	5a 5b 5c	0						
b Total of Numb completed (1) Total	er of participants wit lete this item)al number of active p	ts at the end of the plan yearh h account balances as of the end of participants at the beginning of the p	f the plan year (only defined co	ntribution plans	5a 5b 5c 5d(1)	0 0 2						
b Total (c Numb completed (1) Total (2) Total (2)	er of participants wit lete this item)al number of active p al number of active p	ts at the end of the plan year	f the plan year (only defined co	ntribution plans	5a 5b 5c	0						
b Total i c Numb compl d(1) Total d(2) Total	er of participants wit lete this item)al al number of active p al number of active p per of participants the	ts at the end of the plan yearh h account balances as of the end of participants at the beginning of the p participants at the end of the plan ye at terminated employment during the	f the plan year (only defined control plan year ear e plan year with accrued benefi	ntribution plans	5a 5b 5c 5d(1)	0 0 2						
b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A	er of participants wit lete this item)	ts at the end of the plan year	the plan year (only defined controlled to the plan year	ntribution plans its that were less	5a 5b 5c 5d(1) 5d(2) 5e use is estat	0 0 2 0 0						
b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens	er of participants wit lete this item)	ts at the end of the plan year	olan year (only defined control of the plan year	ntribution plans its that were less less reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use Is estate port, including	0 0 2 0 0 0 0 0 0 0 plished.						
b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pens SB or Sche belief, it is	er of participants wit lete this item)	ts at the end of the plan year	f the plan year (only defined controlled to plan year	its that were less less reasonable callemined this return/report	5a 5b 5c 5d(1) 5d(2) 5e use Is estate port, including	0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total of Complete C	er of participants wit lete this item)	ts at the end of the plan year	olan year (only defined controlled year	ntribution plans its that were less less reasonable call amined this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is estate port, including t, and to the	0 0 0 0 0 0 0 0 0 0 0 blished. ng, if applicable, a Schedule best of my knowledge and						
b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pens SB or Sche belief, it is	er of participants wit lete this item)	ts at the end of the plan year	olan year (only defined controlled year	ntribution plans its that were less less reasonable call amined this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is estate port, including t, and to the	0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total is C Numb completed (1) Total (2) Total (2) Total (2) Total (2) Total (3) Total (4) Tota	er of participants wit lete this item)	ts at the end of the plan year	olan year (only defined controlled year	ntribution plans its that were less less reasonable call amined this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is estate port, including t, and to the	0 0 0 0 0 0 0 0 0 0 0 blished. ng, if applicable, a Schedule best of my knowledge and						
b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is it SIGN HERE SIGN HERE	er of participants wit lete this item)	ts at the end of the plan year	the plan year (only defined constant year	its that were less less reasonable ca amined this return/re n of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use Is estate port, including t, and to the leading signing and si	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is it SIGN HERE SIGN HERE	er of participants wit lete this item)	ts at the end of the plan year	the plan year (only defined constant year	its that were less less reasonable ca amined this return/re n of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use Is estate port, including t, and to the leading signing and si	0 0 0 0 0 0 0 0 0 0 0 solished. Ing, if applicable, a Schedule best of my knowledge and sex plan administrator						
b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is it SIGN HERE SIGN HERE	er of participants wit lete this item)	ts at the end of the plan year	the plan year (only defined constant year	its that were less less reasonable ca amined this return/re n of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use Is estate port, including t, and to the leading signing and si	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is it SIGN HERE SIGN HERE	er of participants wit lete this item)	ts at the end of the plan year	the plan year (only defined constant year	its that were less less reasonable ca amined this return/re n of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use Is estate port, including t, and to the leading signing and si	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is it SIGN HERE	er of participants wit lete this item)	ts at the end of the plan year	the plan year (only defined constant year	its that were less less reasonable ca amined this return/re n of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use Is estate port, including t, and to the leading signing and si	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						

	Form 5500-SF 2016	<u></u>	Page 2		·-				
b c	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 elther line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and mus	account	tant (IC ad use	QPA) • Form	n 5500.	•••••	Yes No Yes No Not determined
Pa	art III Financial Information				- т				
7	Plan Assets and Liabilities	of Three 1	(a) Beginning					(b) End o	
<u>a</u>		7a		3718	14				0
<u>b</u>		7b		2740	- +				
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		3718	/4				0
8	Income, Expenses, and Transfers for this Plan Year	7/15-1	(a) Amour	1t		- >		(b) To	tal
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		252	30				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							25230
d		8d		397104					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f				173			
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			11				397104
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i					-371874		
j	Transfers to (from) the plan (see instructions)	8j					w. Sa		
Pa	rt IV Plan Characteristics	-,						**************	
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acteris	tic Cod	des in ti	he instruc	tions:
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
	Was the plan covered by a fidelity bond?			10c	x				60000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
-	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som					х			

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.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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.....

10e

10f

10g

10h

Χ

Х

Х

age 3-	1	

Part	VI I	Pension Funding Compliance							
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co				B		Yes	No No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERIS	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				f 	[Yes	No 🛚 No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see insti	ruction	s and	d enter t	he date	e of the k	etter ri	dina
	granti	ng the waiver Mo	onth _	, u.,	Day		Ye		
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	Enter	he minimum required contribution for this plan year			12b	<u> </u>			
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c				
	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ive amount)	eft of a		12d		<u> </u>		
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	U 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 Ye	s 🗍	No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough					X Yes		No .
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)	y the p	lan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13	c(3) P	N(s)
11.00	d-107 = T								
Part	VIII	Trust Information							
14a	Name	of trust			14b 1	Frust's	EIN		
14c	Name	of trustee or custodian					's or cus one numb		'S
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			☐ No		
15b	How d	d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:	؛ الـا _ل ــ	safe r	n-based arbor		☐ "Prio	r year "	'ADP
				'Curre ADP t	ent year est	,	N/A		
	year?	esting 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 tes	st [N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?	<u>L</u>	Yes			☐ No		
	the let								
	letter	olan is an individually-designed plan that received a favorable determination letter from the IRS, ent	ter the	date	of the m	ost rec	ent dete	minati	ion
18	Were a	d 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 separ ?		rom	Yes	s	∏ No		
19	Was a	ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	,	No		