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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

, 2013, and ending

OMB No 1545-0047

, 20

Open to Public Inspection

A	For th	ne 2013 calendar year, or tax year beginning , 2013, and en	ding			, 20
		C Name of organization		D Employer id		number
	Check If a	EASTERN REGION RELICOPTER COUNCIL, INC.		22-305	7090	
	Addre	ge Doing Business As				
L	Name	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephone n		
	Instial	return 16 COOPER DRIVE		(646) 45	9-4221	
	Term	City or town, state or province, country, and ZIP or foreign postal code				
	Amen			G Gross receip		424,315
	_	F Name and address of principal officer MIKE PHILBIN	1	H(a) Is this a gro subordinates		Yes X N
<u> </u>	pendi	92 SUNNYBROOK DR FREEHOLD, NJ 07728		H(b) Are all suboro		Yes N
ī	Tax-ex	empt status 501(c)(3) , X 501(c) (6) ◀ (insert no) 4947(a)(1) or	527	If No, attac	ch a list (see ins	structions)
J	Websi	te ▶ ERHC.ORG		H(c) Group exem	ption number	<u> </u>
ĸ	Form o	of organization X Corporation Trust Association Other ▶ L Yes	ar of formati	on 1990 M	State of legal	I domicile NJ
Р	art l	Summary				
	1	Briefly describe the organization's mission or most significant activities THE COUNCIL	PROVI	DES TECHI	VICAL I	NFORMATIO
ė		TO HELICOPTER OPERATORS PRIMARILY IN THE NEW YORK, NE	W JERS	EY AND		
ā		CONNECTICUT AREAS.				
err	2	Check this box if the organization discontinued its operations or disposed of more	than 25%	of its net assets	<u></u>	
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3	82.
රේ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	82.
Activities &		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5	1.
ξ		Total number of volunteers (estimate if necessary)			6	(
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			7a	
		Net unrelated business taxable income from Form 990-T, line 34			7b	1,022.
				Prior Year		urrent Year
	8	Contributions and grants (Part VIII, line 1h)		291,90	0.	413,605
Revenue		Program service revenue (Part VIII, line 2g)	•	8,24		7,928
e e			•		4.	7
2	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	•	2,89		2,775
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column A), line 13).	•	303,06		424,315.
			•	303,00	0	424,515.
	l		··		0	
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX column), lines 5, 10)	•	63,27		67,561.
Expenses	160	Professional fundrations for (Port IX column (A), least (A)	• ——	03,27	0	07,301.
ben		Professional fundraising fees (Part IX, column (A), line 15) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•			
E		Total fundraising expenses (Part IX, column (D), line 25)	-	405,07		438,588.
			•	468,35		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	.			506,149.
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12	•	-165,29		-81,834.
Net Assets or Fund Balances	20 -	Total access (Part V. Ivr. 40)	Beginni	ng of Current Ye		nd of Year
Sse		Total assets (Part X, line 16)	•	116,81		34,979.
at/		Total liabilities (Part X, line 26)		116 01	0	24 070
Pa		Net assets or fund balances Subtract line 21 from line 20	• .	116,81	3.	34,979.
	_	Signature Block				
true	, correc	alties of perjury, I declare that I have examined this return, including accompanying schedules and stat it, and complete. Declaration of preparer (other than officer) is based on all information of which preparer i	ements, and has any kno	d to the best of wledge	my knowledg	je and belief, it is
107:gg		La da a como de la com		~/	12/11	
Sia	n l	Signature of officer		Date	12/14	
Her	е	Land H. D. Lee H. All L. D. Lee		Date		
(F		Lauren H. Pulsinelli Admin. Director				
PAUG PAUG	+	Print/Type preparer's name Preparer's synature Date			DTIN	
Paid			11		f PTIN	227006
Prep	arer -	FIELD & HICCING D	1117	self-employed		237096
Use	I }nn v ∟		F		2-330193	
<u> </u>		Firm's address ▶77 TAMARACK CIRCLE SKILLMAN, NJ 08558	P	hone no 60	9-921-0	7400
мау	-	S discuss this return with the preparer shown above? (see instructions)	· · · · · ·	<u> </u>		Yes No
For-	aperv	work Reduction Act Notice, see the separate instructions			Fo	rm 990 (2013)

Par	t IV Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8_	1 1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1 1	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Syl. 1. 2.		. 77
	VII, VIII, IX, or X as applicable	16 m		3 /3, 5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			۲,-
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	+	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{X}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	\dashv	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		Х
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>~</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	1	Х
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	}	Х
20 -	If "Yes," complete Schedule G, Part III	19		$\frac{\Lambda}{X}$
	- · · · · · · · · · · · · · · · · · · ·	20a 20b		
<u>u</u>	1. 100 to line 200, did the organization attach a copy of its addited infancial statements to this return?	40D		

Paru	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	ļ	١.,
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			١
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 1	ļ	
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		'	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			l
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		ı
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	İ	i	
	current or former officers, directors, trustees, key employees, highest compensated employees, or]]	J	
	disqualified persons? If so, complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		Ī	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	, · · · · · · · · · · · · · · · · · · ·	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
		38	X	

	1 550 (2013)			Page
Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>.</u>
	•		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	: الح <u>ا</u>		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		3.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 30	سابقت ا
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		146.7	30
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	l "".		36
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ستنسأ	,,,,,,,,,,,,	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	<u> </u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	377 5	ا في :	, 1, 7 - 7 g
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ì
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	4	17 6 3 d	3.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	5.32	eric al	مه کند
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	A 1044 C	X
	If "Yes," indicate the number of Forms 8282 filed during the year		1232	2
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Introdition's	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	源器		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		# 12 m	
	organization, have excess business holdings at any time during the year?	8	J. 1991.	X
9	Sponsoring organizations maintaining donor advised funds.	E.E.		المراجعة المؤمر
	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	(a, *) (a, b)	A Park
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		7	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			强組
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	A Co	1.4.7.10 s	Sept.
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Branch W. F	-EMILY
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		4
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	Mars-Lati	克勒 斯
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	在 海流 3	्रिक्षेत्रसः
_	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which		23 32	
	the organization is licensed to issue qualified health plans	E (40) 25 \$		2. 1677
	Enter the amount of reserves on hand	<u> २</u> -	Ĭ	$\frac{1}{X}$
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013) EASTERN REGION HELICOPTER COUNCIL, INC. 22-3057090 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 82 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 82 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following Х The governing body?.................. 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No

b Describe in Schedule O the process, if any, used by the organization to review this Form 990	Λ
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X
Did the organization have a written conflict of interest policy? If "No," go to line 13	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X
rise to conflicts?	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
describe in concease o now the was denoted in the concession of th	X
bid the digamization have a written whichestower policy with the transfer of t	<u>x</u>
bid the diganization have a whiteh decament retention and desardation policy	
15 Did the process for determining compensation of the following persons include a review and approval by	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	v
a The organization's CEO, Executive Director, or top management official	X
b Other officers or key employees of the organization	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
with a taxable entity during the year?	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
organization's exempt status with respect to such arrangements?	

Section C. Disclosure

17	List the states with which a copy of	this Form 9	290 is required	to be filed	NONE
11	LIST THE STATES WITH WHICH A CODY OF	11113 1 01111 3	oov io reduired	TO DE MICO	

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply

X Upon request Other (explain in Schedule O) Own website Another's website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > LAUREN HARCHETTS PULSINELLI 16 COOPER DRIVE HOWELL, NJ 07731 646-459-4221

Form	990	(201	3)
	757	77	$\overline{}$

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related	d orga	nıza	atio	1 co	mpen	sate	ed any current offic	er, director, or trus	stee
				(C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and Title	Average	1 '				e than c		Reportable	Reportable	Estimated
	hours per week (list any					ıs both tor/trusi		compensation from	compensation from related	amount of other
	hours for	Ή—		_	_		— <u> </u>	the	organizations	compensation
,	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)JEFFERY P. SMITH						- 6				
DIRECTOR		x						0	o	0
(2)PAUL PAPASAVAS					_			<u> </u>		
DIRECTOR		X						0	0	0
(3)RICHARD HUGGINS					-		_			~
DIRECTOR		Х						О	o	0
(4)JEANETTE EATON										
DIRECTOR		Х						0	o	0
(5)TOM MCCORMICK										
DIRECTOR		Х						0	0	0
(6)ERNESTO MODESTO										
TREASURER				Х				0	0	0
(7)TYSON MOWRY						Ì				_
SECRETARY			!	Х				0	0	0
(8)PAUL TRAMONTANA	.+ -		- [.,		[0
VICE CHAIRMAN		<i></i>		Х				0	0	0
(9)MIKE PHILBIN CHAIRMAN				Х				0	0	0
(10)	· 									
(11)										
(12)	 									
(13)	 									
(14)	 						7			

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Emplo	yees (continue	ed)
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per (do no reek (list any hours for officer					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	org an	om the anization d related anizations
											-	
												. <u></u>
1b Sub-total	ction A						A A	0 0 0		0 0		0
Total number of individuals (including but not li reportable compensation from the organization	mited to th		stec				rec	ceived more than \$	100,000	of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu												Yes No
4 For any individual listed on line 1a, is the s organization and related organizations greundividual	um of repo ater than	ortable \$150	e co	omp	oens If	sation <i>"Yes</i> ,	an	d other compensiomplete Schedule	ation from J for	the such	4	X
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes	accrue com	pens	atıo	n fr	rom	any	unre	elated organization	n or indivi	dual	5	X
Section B. Independent Contractors												
Complete this table for your five highest comp compensation from the organization. Report co year.												
(A) Name and business addri	ess		_		-			(B) Description of sen	vices	Co	(C) ompensa	ation
2 Total number of independent contractors (incomore than \$100,000 in compensation from the			limi	ted	to		lis	ted above) who r	eceived .			

Forr	n 990 (2013) EASTERN RE	GION HELIC	OPTER COUNCI	L, INC.	22-3057	Page S
Pa	irt VI	Statement of Revenue Check if Schedule O contains a respiration	anca ar nota ta	any lina in this Par	+ \ / !!!		[
و دار این این این ا		Check if Schedule O'Contains a respi	onse of mote to	(A) Total revenue	(B) -Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	392,205.	413,605			
/ice Revenue	2a b	ANNUAL MEETING	Business Code 541900	7,928	7,928	7	
Program Service Revenue	d e f	All other program service revenue Total. Add lines 2a-2f		7,928.		Programme Maria	
	3	Investment income (including dividends, interestment similar amounts). ATTACHMENT 2 Income from investment of tax-exempt bond in tax-exempt bond in t	rest, and	7.	7	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
	b	Gross rents	(ii) Personal	0			
Other Revenue	8a b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		0			
	ь	Gross income from gaming activities See Part IV, line 19		0			
	10a b						
	-	Miscellaneous Revenue	Business Code			第43.5	
	11a b c	All other recent	541800	2,775.		2,775	

2,775.

7,935

424,315

2,775

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, 7b, (A) Total expenses Program service Management and Fundráising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . 2 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16. . . . 4 Benefits paid to or for members 5 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 62,500. 62,500.Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 5,061. 5,061. 11 Fees for services (non-employees) a Management 301. 301. 11,000. 11,000. c Accounting 90,000. 90,000. 0 e Professional fundraising services See Part IV, line 17. 0 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Schedule O). Advertising and promotion 12 3,679. 3,679. Office expenses Information technology 15 16 8,066. 4,033. 4,033. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials О Conferences, conventions, and meetings 19 20 793. 793 22 Depreciation, depletion, and amortization 1,386. 1,386 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1,985. aBANK CHARGES & CREDIT CARD F 1,985 bUNRELATED BUSINESS INCOME TA 250. 250. cPOSTAGE & DELIVERY 301. 286 15. 12,184. 12,184. dQUARTERLY & MONTHLY MEETINGS 308,643. 11,263. 297,380. e All other expenses <u>ATCH</u> 3 27,766. 478,383. 506,149. 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) . .

Form 99	<u> </u>					Page_11			
Part >									
	Check if Schedule O contains a response of	r note	to any line in this Pa	<u>rt X </u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	·			(A) Beginning of year		(B) End of year			
1	9				1				
2				114,829	. 2	33,788			
3	Pledges and grants receivable, net			(3				
4	Accounts receivable, net				4	(
5		forme	r officers, directors,	.					
	trustees, key employees, and highest c	omper	nsated employees						
	Complete Part II of Schedule L Loans and other receivables from other disqualified pers			(5				
6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)								
	and sponsoring organizations of section 501(c)(9) volu	, and d untary (employees' beneficiary						
<i>ω</i>	organizations (see instructions) Complete Part II of Scho	edule L	<i></i> L	(6_				
Assets 8	Notes and loans receivable, net				7	(
A S	Inventories for sale or use		<u>.</u> _	(8				
9	Prepaid expenses and deferred charges			(9	(
10	a Land, buildings, and equipment cost or								
	other basis Complete Part VI of Schedule D	10a	2,548.]				
	b Less accumulated depreciation	10b	1,357.	1,984.	10c	1,191.			
11	Investments - publicly traded securities	stments - publicly traded securities							
12	Investments - other securities See Part IV, line 11		12	0					
13	Investments - program-related See Part IV, line 11		13	0					
14	Intangible assets		14	0					
15	Other assets See Part IV, line 11			C	15	0			
16	Total assets. Add lines 1 through 15 (must equal			116,813.		34,979.			
17	Accounts payable and accrued expenses			C	17	0			
18	Grants payable			0	18	0			
19	Deferred revenue				19	0			
20	Tax-exempt bond liabilities			0	20	0			
<u>s</u> 21	Escrow or custodial account liability Complete Pa				21	0			
Liabilities 22	Loans and other payables to current and for			t.					
da	trustees, key employees, highest compen								
-	disqualified persons Complete Part II of Schedule			0	22	0			
23	Secured mortgages and notes payable to unrelate				23	0			
24	Unsecured notes and loans payable to unrelated				24				
25	Other liabilities (including federal income tax, i	•	· · · · · · · · · · · · · · · · · · ·	ì	1				
	parties, and other liabilities not included on lines					0			
	of Schedule D		· · · · · · · · · · · · · · · · · · ·	<u> </u>	25 26	0			
26				·	26				
S	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		here and	-					
9 27					27	·			
28	Temporarily restricted net assets			<u></u>	28				
m 29	Permanently restricted net assets				29				
5 2	Organizations that do not follow SFAS 117 (ASC 958)				23				
느	complete lines 30 through 34.	CHECK	. Here P and		-				
<u>ဗ</u> 30	Capital stock or trust principal, or current funds			d	30	0			
31	Paid-in or capital surplus, or land, building, or equ	 Ipment	· fund	d	31				
S 32	Retained earnings, endowment, accumulated inco			116,813.	32	34,979.			
Net Assets or Fund Balances 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Total net assets or fund balances			116,813.	33	34,979.			
34	Total liabilities and net assets/fund balances	 		116,813.	34	34,979.			
						Form 990 (2013)			

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

Both consolidated and separate basis

1

2

3

4

5

6

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8

q

Part XII

10

Separate basis

EASTERN REGION HELICOPTER COUNCIL, INC.	22-3	3057090)	
00 (2013)			Pa	age 12
XI Reconciliation of Net Assets			_	
Check if Schedule O contains a response or note to any line in this Part XI				
Total revenue (must equal Part VIII, column (A), line 12)	1		424,	315.
Total expenses (must equal Part IX, column (A), line 25)	2			149.
Revenue less expenses Subtract line 2 from line 1	3		-81,	834.
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		116,	813.
Net unrealized gains (losses) on investments	5			0
Donated services and use of facilities	6			0
Investment expenses	7			Ō
Prior period adjustments	8			0
Other changes in net assets or fund balances (explain in Schedule O)	9			0
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
33, column (B))	10		34,	979.
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			<u></u> .	
			Yes	No
Accounting method used to prepare the Form 990 X Cash Accrual Other				_
If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
Schedule O				!
Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were com-	ipiled or			
reviewed on a separate basis, consolidated basis, or both				
Separate basis Consolidated basis Both consolidated and separate basis		1	ĺ .	l
Were the organization's financial statements audited by an independent accountant?		. 2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audit				
separate basis, consolidated basis, or both				
		I	1	

Form	990	(2013)

Х

2c

3a

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below ▶ Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions

instructions is at www.irs.gov/form990

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Yes Section 501(c)(4), (5), or (6) o	rganizations Complete Part III	Tax) or Form 990-E2, F	art V, line 35¢ (Proxy Tax),	tnen					
	e of organization			Employer iden	tification number					
EAS	STERN REGION HELICO	PTER COUNCIL, INC.		22-30)57090					
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) o	r is a section 527 orga	nization.					
1	Provide a description of th	e organization's direct and indirect	t political campaign a	activities in Part IV						
2	Political expenditures			▶\$						
3	Volunteer hours			<u> </u>						
Pai										
1	Enter the amount of any e	xcise tax incurred by the organizat	ion under section 49	55 ▶ \$						
2	Enter the amount of any e.	xcise tax incurred by organization i	managers under sec	tion 4955 ▶ \$						
3	If the organization incurred	l a section 4955 tax, did it file Forn	n 4720 for this year?		Yes No					
4a	Was a correction made? .				Yes No					
b	If "Yes," describe in Part IV									
Pai	it I-C Complete if the	organization is exempt unde	r section 501(c), e	except section 501(c)(3)					
1	Enter the amount directly	expended by the filing organization	on for section 527 e	exempt function						
2	Enter the amount of the fil	ling organization's funds contribute	ed to other organiza	tions for section						
	527 exempt function activi	ties		▶\$						
3	Total exempt function exp	penditures Add lines 1 and 2 E	nter here and on F	orm 1120-POL,						
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures.	Yes No									
5										
		<u> </u>	`	· · · · · · · · · · · · · · · · · · ·						
	(a) Name	(b) Address	(c) EIN		(e) Amount of political					
				, , ,	promptly and directly					
					delivered to a separate					
					political organization If					
					none, enter -0-					
(1)		L	_]							
2)										
3)										
4)										
	<u> </u>				***************************************					
5)										
6)		L								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

Scr	redule C (Form 990 of 990-EZ) 2013	ASIEKN KEG	TON HELICOPIEN	COONCID, IN	C. 22 3	7037030 Page 2					
P	art II-A Complete if the orga section 501(h)).	nization is e	exempt under secti	on 501(c)(3) and	filed Form 5768 (ele	ction under					
A			gs to an affiliated gro and share of excess		art IV each affiliated gi ditures)	roup member's					
В	Check ▶ If the filing organi	zation check	ed box A and "limite	d control" provisi	ons apply						
		n Lobbying Ex			(a) Filing	(b) Affiliated					
	(The term "expenditur	es" means an	nounts paid or incurre	d.)	organization's totals	group totals					
1 8	Total lobbying expenditures to it	nfluence public	opinion (grass roots	lobbying)							
ł	Total lobbying expenditures to it	nfluence a legi	slative body (direct loi	obying) [
(Total lobbying expenditures (ad-	d lines 1a and	1b)								
C	d Other exempt purpose expendit	ures									
e	 Total exempt purpose expenditu 	ires (add lines	1c and 1d)			_ _					
f	Lobbying nontaxable amount	Enter the amo	ount from the following	ng table in both							
	columns										
	If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amoun	it is:							
	Not over \$500,000	20% of	the amount on line 1e								
	Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exces	s over \$500,000							
	Over \$1,000,000 but not over \$1,500	,000 \$175,00	\$175,000 plus 10% of the excess over \$1,000,000								
	Over \$1,500,000 but not over \$17,000	0,000 \$225,00	\$225,000 plus 5% of the excess over \$1,500,000								
	Over \$17,000,000	\$1,000,		4							
g											
h											
	Subtract line 1f from line 1c If z				. (1 = 1700						
j	If there is an amount other that										
	reporting section 4911 tax for th	ils year?		· · · · · · · · · · · · · · · · · · ·		Yes No					
		4-Year A	veraging Period Und	er Section 501(h)							
	· · · · · · · · · · · · · · · · · · ·		• •		complete all of the five	a					
	column	s below. See	the instructions for li	nes 2a through 21	f on page 4.)						
		Lobbying Ex	penditures During 4-	ear Averaging Per	riod						
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount		,								
	(150% of line 2a, column (e))	•	- , , £	-							
С	Total lobbying expenditures										
d	Grassroots nontaxable amount										
е	Grassroots ceiling amount (150% of line 2d, column (e))		,		,						
			i i		1						

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

(election under section 501(h)).	me	ı For	m 576	8		
each "Ves." response to lines 12 through 1, helpy provide in Part IV a detailed -	(a	1)		(t)	
	Yes	No		Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			-			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?)(5).	or se	ection			
	,,	0. 50	.00			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	(5),	or se	ction			X X X
		$\overline{}$	4		413,	605.
Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s o	f				000.
Total			2c			000.
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobber and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information	ying 		4 5			
				~		
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "He filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? It lies Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeducti	corption of the lobbying activity During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It line Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? It line Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts or political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Mailings to members, legislators, their staffs, government officials, or a legislative body? Mailings to members, legislators, their staffs, government officials, or a legislative body? Mailings demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Wes," enter the amount of any tax incurred by organization managers under section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Tillian Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Tillian Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Paranswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year Total Aggregate	cach "Yes," response to lines 1a through 11 below, provide in Part IV a detailed comption of the lobbying activity During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Other activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? If IIIAX Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization agree to carry over lobbying expenditures of \$2,000 or less? 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Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 if notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure ne	cach "Yes," response to lines 1a through 11 below, provide in Part IV a detailed compton of the lobbying activity During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Media advertisements? Media advertisements? Media advertisements? Publications, or published or broadcast statements? 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Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Did the organization make only in-house lobbying expenditures from the prior year? 3 TillEB Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Desponse of the organization section 503(e)(1)(A) notices of nondeductible section 162(e) dues 1 organization accordina

Schedule C (Form 990 or 990-EZ) 2013

Page 4

Supplemental Information (continued) Part IV

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

ΕA	STERN REGION HELICOPTER COUNCIL, IN	IC	22-3057090
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held i	n donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
_	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if th	ne organization answered "Yes" to Fo	orm 990. Part IV. line 7
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		of an historically important land area
	Protection of natural habitat	· [of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	n the form of a conservation
_	easement on the last day of the tax year		
	•		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		1 1
c	Number of conservation easements on a certified h		
ď	Number of conservation easements included in (c)	• •	
	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, trans		
	tax year ▶		
4	Number of states where property subject to conser	rvation easement is located >	
5	Does the organization have a written policy regards		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, in		
	>		G
7	Amount of expenses incurred in monitoring, inspect	ting, and enforcing conservation easeme	ents during the year
	> \$		g ,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's financ	cial statements that describes the
	organization's accounting for conservation easemer	nts	·
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	r assets neid for public exhibition, edu ofnote to its financial statements that des	ication, or research in furtherance of scribes these items
b	If the organization elected, as permitted under S		
٧	works of art, historical treasures, or other similar	r assets held for public exhibition, edu	
	public service, provide the following amounts relating	-	> ¢
	(i) Revenues included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		
•			
2	If the organization received or held works of art		_
	following amounts required to be reported under SF		
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
			· · · · · · · · · · · ·

Pa	art III Organizations Maintain	ing Collections of	of Art, Hi	storical	Treasur	es, o	r Other Sim	ilar Asse	ets (cont	inued)
3	Using the organization's acquisition collection items (check all that ap		other rec	ords, ched	ck any o	of the f	following that	are a sig	nıfıcant u	se of its
а			чГ	Loan	or excha	ange pr	rograms			
b			e							
		orations	e [
C 4	Provide a description of the orga		ac and ave	dain how	thoy fur	thar th	ne organizatio	n's avamn	t nurnosc	n Dart
4	XIII	anization's collection	is allu exp	naiii iiow	triey rus	user u	ie organizatio	ii a exemp	r purpose	; III rait
_		an a aliast an easairia	danationa	of art bia	toriool tr	000.150	a ar athar aim	ular		
5	During the year, did the organizati									
	assets to be sold to raise funds rat								Yes	No
Pa	or reported an amount o			ine organ		answe	ered res lo		0, Part IV	7, iiie 9,
4.	le the ergenization on agent truste	oo sustadion or othi	or intormo	hary for a	ontributi	one or	othor assets r	not		
та	Is the organization an agent, truste								٦,,	
	included on Form 990, Part X?				• • • • •			٠ ١	Yes	∐_ No
D	If "Yes," explain the arrangement in	n Part XIII and comp	piete the ro	llowing tai	oie (A		
	D balance				}			Amount		
	Beginning balance									
d	Additions during the year									
е	Distributions during the year				μ.					
f	· · · · · · · · · · · · · · · · · · ·									
2a	Did the organization include an am	nount on Form 990,	Part X, line	21?				L	Yes	No.
	If "Yes," explain the arrangement in								· · · ·	<u>L.L.</u>
Pai	rt V Endowment Funds. Com									
		(a) Current year	(b) Pri	or year	(c) Two	years b	ack (d) Three	years back	(e) Four ye	ears back
	Beginning of year balance									
b	Contributions		<u></u>							
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships				1_					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				1					
g	End of year balance								·	
2	Provide the estimated percentage	of the current year	end balance	e (line 1q.	column	(a)) hel	ld as			
а	Board designated or quasi-endown		%	, ,		. ,,				
b	Permanent endowment ▶		-							
С	Temporarily restricted endowment	· ▶ %								
	The percentages in lines 2a, 2b, ar	nd 2c should equal 1	00%				_			
3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	and a	dministered foi	r the		
	organization by								Υe	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related org								3b	
4	Describe in Part XIII the intended u								L	
Par	rt VI Land, Buildings, and Equi									
rai	Complete if the organiza	tion answered "Ye	es" <u>to Forn</u>	n 990, Pa	art IV, Iir	ne 11a	See Form	990, Part	X, line 1	0
	Description of property		other basis	(b) Cost o) Accumulated depreciation	(d)	Book value	
10	Land		tment)	(01	ther)	-	debieciation			
b	Buildings			 		\dashv		 		
	Leasehold improvements			 		+				
	·					-				
d	1.1		·		2,548	-	1,357.			,191.
	Other		n 000 Port	V column						,191.
ULI	u. AUU IIIES TA HILUUUH TE TUUMIIII	TOT HUSE GOUDE FORE	コココリ、Fdil	n. voiuiiii	יווו ווווופ	10(0)	🕶 🛚		+	, 4 / 4 .

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990.	Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	al derivatives		
	-held equity interests		
<u>(A)</u>			
(R)			
(c)		-	
(F)			· · · · · · · · · · · · · · · · · · ·
<u>>=/</u>			
(G)			
(H)			
Total (Column	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII			
			Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
_(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total (Column	(b) must equal Form 990, Part X, col (B) line 13)		· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets. Complete if the organization answered "	Yes" to Form 990, f	Part IV, line 11d See Form 990, Part X, line 15
	(a) De	escription	(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col (B) line	15)	
Part X	Other Liabilities.		Part IV, line 11e or 11f See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federa	al income taxes		
(2)	,		
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	n (b) must equal Form 990, Part X, col (B) line 25)	-	一個性學和學者學與學科學是不可能學生
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	The Description of Description And the defining of Contemporate Management	lith Davenus man Betun	<u>`</u>
Part			n.
	Complete if the organization answered "Yes" to Form 990, Part IV		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains on investments	2a	[
b	Donated services and use of facilities	2b]
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part			ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a	,
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities	2a	
þ	Prior year adjustments	2b	
С		2c	
ď	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-
U	Tallot (Dodding mit ditrim)	70	•
	Add lines 4a and 4b		4c
	• • • • • • • • • • • • • • • • • • • •		4c 5
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). XIII Supplemental Information.		5
5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Pa	t V, line 4, Part X, line
5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). XIII Supplemental Information.	Part IV, lines 1b and 2b, Pa	t V, line 4, Part X, line
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5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to present the supplemental lines and 4b.	Part IV, lines 1b and 2b, Parovide any additional inform	rt V, line 4, Part X, line lation
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5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to present the supplemental lines and 4b.	Part IV, lines 1b and 2b, Parovide any additional inform	rt V, line 4, Part X, line lation
5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to present the supplemental lines and 4b.	Part IV, lines 1b and 2b, Parovide any additional inform	rt V, line 4, Part X, line lation
5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to present the supplemental lines and 4b.	Part IV, lines 1b and 2b, Parovide any additional inform	rt V, line 4, Part X, line lation
5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to present the supplemental lines and 4b.	Part IV, lines 1b and 2b, Parovide any additional inform	rt V, line 4, Part X, line lation

Part XIII Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization EASTERN REGION HELICOPTER COUNCIL, INC. Employer identification number

22-3057090

PART VI SECTION B QUESTION 11B NO REVIEW WAS OR WILL BE CONDUCTED

PART VI SECTION C QUESTION 19

NO DOCUMENTS AVAILABLE TO THE PUBLIC

ATTACHMENT	1	

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE COUNCIL PROVIDES TECHNICAL INFORMATION TO HELICOPTER OPERATORS LOCATED PRIMARILY IN NEW YORK, NEW JERSEY AND CONNECTICUT. THE COUNCIL HAS FOUR REGULAR MEETINGS AND ADDITIONAL SEMINARS. THE CONTENT OF THE MEETINGS IS ENTIRELY EDUCATIONAL AND INCLUDES SPEAKERS FROM THE INDUSTRY WHO DISCUSS TECHNICAL ISSUES AFFECTING THE PILOTS. THE COUNCIL ALSO PUBLISHES A HELIPORT DIRECTORY FOR THE MAJOR NEW YORK AIRPORTS. THE COUNCIL ALSO COORDINATES THE EFFORTS OF ITS MEMBERS TO IMPROVE ACCESS TO LOCAL AIRPORTS BY HIRING CONSULTANTS AND ATTORNEYS TO REPRESENT THE INTEREST OF THE MEMBERS.

FORM 990, PART VIII - INVESTMENT INCOM	E		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
PNC BANK INTEREST		7. 7.		
TOTALS =		77.		

Schedule O (Form 990 or 990-EZ) 2013 Employer identification number Name of the organization EASTERN REGION HELICOPTER COUNCIL, INC. 22-3057090 ATTACHMENT 3 FORM 990, PART IX - OTHER EXPENSES (A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING EXPENSES SERVICE EXP. AND GENERAL DESCRIPTION EXPENSES MISCELLANEOUS PROGRAM EXPENSE 8,849. 4,424. 4,425. PRINTING & PUBLICATIONS 2,496. 2,496. PAYROLL PROCESSING FEES 1,419. 1,419. TELEPHONE 495. 495. CONSULTING FEES 262,411. 262,411. CONTRIBUTIONS 18,490. 18,490. MEALS & ENTERTAINMENT 8,686. 4,343. 4,343. ADMINISTRATIVE ASSISTANCE 3,737. 3,737. INTERNET 2,060. 2,060.

308,643.

11,263.

297,380.

TOTALS

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

EASTERN REGION HELICOPTER COUNCIL, INC.

Identifying number 22-3057090

Dus	mess of activity to which this form relates									
G	ENERAL DEPRECIATION	1								
Pa	Note: If you have any lis	ertain Property Uted property, con	Inder Section Inplete Part	on 179 V before	you comp	lete Part I				
1	Maximum amount (see instructions)							1	<u> </u>	
2	Total cost of section 179 property pl	aced in service (see ir	nstructions)					2		
3	Threshold cost of section 179 prope	rty before reduction i	n limitation (se	e instructio	ons)			3		
4	Reduction in limitation Subtract line							4		
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter	-0- If marned filing		<u></u>	<u> </u>	. <u></u>	5		
6	(a) Description	of property		(b) Cost (b	usiness use on	ly) (c) Elec	cted cost			
							_			
7	Listed property Enter the amount fro	m line 29								
8	Total elected cost of section 179 pro	perty Add amounts	ın column (c), l	ines 6 and	7			8		
9	Tentative deduction Enter the smalle	r of line 5 or line 8						9		
10	Carryover of disallowed deduction from							10		
11	Business income limitation Enter th	e smaller of busines	s income (not	t less than	zero) or lin	e 5 (see instru	ctions)	11		
12	Section 179 expense deduction Add	lines 9 and 10, but	do not enter m	ore than to	ne 11 . <u></u>		<u> </u>	12		
13	Carryover of disallowed deduction to	2014 Add lines 9 ar	nd 10, less line	12	▶ 13	B				_
Note	e: Do not use Part II or Part III below for	listed property inste	ad, use Part V							
Pa	rt Special Depreciation A	Ilowance and Ot	her Deprec	iation (E	o not inclu	de listed prop	erty)	(See	instructions)	_
14	Special depreciation allowance for	r qualified property	y (other thai	n listed	property) p	laced in servi	се			
	during the tax year (see instructions)							14		
	Property subject to section 168(f)(1)							15		
16	Other depreciation (including ACRS)		<u></u> .	<u></u>		<u></u>		16		
Pa	rt III. MACRS Depreciation (D	o not include liste	d property)	(See inst	ructions)					
			Sect	ion A						
17	MACRS deductions for assets placed	d in service in tax yea	rs beginning be	efore 2013				17	79	3
18	If you are electing to group any a	ssets placed in ser	vice during th	ne tax ye	ar into one	or more gener	rai			
	asset accounts, check here	<u> </u>	<u> </u>	<u></u>		▶	لا			
	Section B - Assets				r Using the	General Dep	reciati	ion S	ystem'	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see ins	stment use	(d) Recovery period	(e) Convention	(f) Me	thod	(g) Depreciation deduction	1
19a	3-year property									_
b	5-year property	·								
С	7-year property									_
d	10-year property	<u>'</u>								_
е	15-year property									_
f	20-year property	,								
g	25-year property	,			25 yrs		S/	L		_
h	Residential rental				27 5 yrs	ММ	S/	L		_
	property				27 5 yrs	MM	S/	L		_
i	Nonresidential real				39 yrs	MM	S/	L		_
	property					MM	S/			_
	Section C - Assets P	aced in Service D	uring 2013 T	ax Year	Using the A	Alternative De	precia	tion	System	_
20a	Class life						S/	L		_
b	12-year				12 yrs		S/	L		_
	40-year				40 yrs	MM	S/	L,		_
Рa	rt IV Summary (See instruction	ons)								_
21	Listed property Enter amount from lin	e 28						21		_
22	Total. Add amounts from line 12, lin								7.0	2
	and on the appropriate lines of your re							22	79	<u>s</u> .
23	For assets shown above and place portion of the basis attributable to see	•	the current	year, ente	er the					
	portion of the basis attributable to set	,,,,,,, <u> </u>				1		- 1		

For	m 4562 (2013)														Page
P		perty (Include ent, recreation,			certaii	n oth	er veh	ıcles,	certair	n com	puters	, and	prop	erty u	sed f
	Note: For a	ny vehicle for w s (a) through (c) c	hich you a	are usii	ng the Section	standa. B. and	rd milea Section	age rat Cıfap	te or de plicable	educting	lease	expens	e, com	nplete c	only 24
		Depreciation an								limits fo	or passe	enger a	utomob	ıles)	
24	a Do you have evidenc								24b f '					Yes	XN
	(a)	(b)	(c)				(e)		(f)	7	 (g)		(h)	T	(í)
	Type of property (list vehicles first)	Date placed in service	Business/ investment in percentage	use Cos	(d) it or other		lasis for dep ousiness/inv use oni	estment	Recovery period	Ме Ме	thod/ vention		reciation duction		ed section 9 cost
25	Special depreciation	on allowance for	qualified I	isted p	roperty	placed	in ser	vice di	urina		Ī	1	-		
	the tax year and us										. 25				
26															
				%						T		T		T	
			+	%						 				1	
		. 117	+	%						 		1		 	
27	Property used 50%	or less in a quali	fied busines	s use						.l					
	1.070.00			%						S/L -		T		T	
			+	%				+		S/L -		 		-	
			+	%		~		+		S/L -				-	
29	Add amounts in col	ump (h) lines 25	through 27	′ 51	boro a	nd on l	ıno 21 r	2222 1			28	 			
28 29	Add amounts in col											I		+	
23	Add amounts in cor	umii (i), mie 20 i								<u>····</u>	• • • •	· · · · ·	. 29	<u> </u>	
_							on Use								
Cor	nplete this section for our employees, first ans	vehicles used by	a sole pro	prietor,	partner,	or oth	er "more	than	5% own	er," or r	elated	person	If you p	provided	vehicle
io y	our employees, first ans	wei the questions i	- Section C					1							
					(a) nicle 1	1	(b) hicle 2		(c) hicle 3	1 '	d) icle 4		(e) nicle 5		(f) ncle 6
30	Total business/inve			''	iicie i	761	ilicie Z	1	ilide 5	Ven	icie 4	"	icle 3	V e,	ficie o
	the year (do not inc	-	•			1		<u> </u>	_	ļ		ļ		ļ	
31	Total commuting m													<u> </u>	
32	Total other pe	ersonal (nonco	ommuting)	1				ĺ						ĺ	
	miles driven														
33	Total miles driver								_		-				
	lines 30 through 32					1		l				ł			
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty h		•											1	
35	Was the vehicle u					†			1		- 		 	 	
	than 5% owner or re			İ									İ		
36	Is another vehicle				1								 	1	
-	use?		•]	ļ	ļ		ļ	ļ	ļ])	ļ	1	
_		tion C - Questic		nlovo	ro Who	Prov	ida Vat	niclos :	for Use	by Th	oir Em	ployer		J	
۸															
	wer these questions re than 5% owners or				eption to	o comp	pletting s	section	B for v	enicies	usea b	y empi	oyees v	wno ar e	e not
					-				-					Voc	No
37	Do you maintain a	written policy s	statement t	hat pr	ohibits	all per	sonal us	se of	vehicles	, includ	ling co	mmutin	g, by	Yes	No
	your employees?													ļ	
00	Do you maintain a			-		•				•		ing, by	your	1	
	employees? See the			•	•	e office	rs, airec	tors, o	r 1% or r	nore ov	vners			 	<u> </u>
	Do you treat all use													<u> </u>	
ŧÜ	Do you provide mo		_		-	s, opta	iin intor	rnation	Trom y	our en	трюуее	s abou	it the		
	use of the vehicles, a													<u></u>	
11	Do you meet the req													<u> </u>	<u> </u>
_	Note: If your answer		u, or 41 is '	res," d	o not co	mpiete	Section	BTOF	ine cove	red veh	icies			L	
Pa	rt VII Amortizatio	on	· · · · · · · · · · · · · · · · · · ·						_						
	(a)		(b)			(0)			(4)		(e)			/ f)	
	(a) Description of	costs	Date amort		Am	(c) ortizable	amount		(d) Code sed	tion	Amortiz period		Amortiza	יי) ition for th	ns year
			begins		<u></u>						percen				, -
2	Amortization of costs	s that begins duri	ng your 20	13 tax	year (se	e instru	uctions)								
_															
										T					
3	Amortization of costs	s that began befo	ore your 20	13 tax y	ear/					— ——		43			
4	Total. Add amounts	ın column (f) Se	e the instru	ctions f	or wher	e to re	port	• • •	 			44			
SA								· · ·			•••	<u></u>	For	m 4562	(2013)

2013

22-3057090

EASTERN REGION HELICOPTER COUNCIL, INC.

Description of Property GENERAL DEPRECIATION

793. 378. 415 793 Current-year depreciation Current-year amortization Current-year 179 expense ACRS CRS class class Life Life Con ğ ğ Accumulated Accumulated Me-depreciation depreciation thod 200DB Code 470. 200DB 887 Accumulated Accumulated amortization 1,357. 1,357. 55. 564. 509 564 2,548. Basis for depreciation 2,548. 1,455 1,093 Basis Reduction 179 exp reduction in basis 100.000 100.000 Bus % Unadjusted Cost or basis 1,093. 1,455. 2,548. 2,548. Cost or basis Date placed in service 01/05/2012 10/19/2012 AMORTIZATION Date placed in service Subtotals Less Retired Assets Asset description Asset description Less Retired Assets DEPRECIATION Listed Property *Assets Retired JSA 3X9024 1 000 TOTALS. . . COMPUTER TOTALS. PRINTER

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www irs.gov/form8868.

OMB No 1545-1709

Form 8868 (Rev 1-2014)

Department of the Treasury Internal Revenue Service		► File a separate application for each return. ► Information about Form 8868 and its instructions is at www irs.gov/form8868.							
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)									
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868									
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.									
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)									
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete									
Part I only ▶ X									
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time									
to file income tax returns Enter filer's identifyin									
Type or Name of exempt organization or other filer, see in					Employer identification number (EIN) or				
print	EASTERN REGION HELICOPTER CO			INC.	22-3057090				
File by the	Number, street, and room or suite no. If a PO bo						·		
due date for filing your	16 COOPER DRIVE					ĺ			
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
instructions	HOWELL,	HOWELL, NJ 07731							
Enter the Return code for the return that this application is for (file a separate application for each return)									
Application			Return	Application				Return	
ls For			Code	is For				Code	
Form 990 or Form 990-EZ			01	Form 990-T (corporat	ion)			07	
Form 990-BL			02_	Form 1041-A				08	
Form 4720 (individual)			03	Form 4720 (other tha	n individual)			09	
Form 990-PF			04	Form 5227				10	
Form 990-T (sec 401(a) or 408(a) trust)			05 06	Form 6069				11	
Form 990-T (trust other than above)				Form 8870				12	
• The books are in the care of ▶ LAUREN_HARCHETTS_PULSINELLI Telephone No ▶ 646 459-4221 FAX No ▶ • If the organization does not have an office or place of business in the United States, check this box									
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time									
until $11/17$, 20 14 , to file the exempt organization return for the organization named above. The extension is									
for the organization's return for									
► X calendar year 20 <u>13</u> or									
▶ tax year beginning, 20, and ending, 20									
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return									
Change in accounting period									
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an nonrefundable credits. See instructions						3a	s	0	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							 		
estimated tax payments made. Include any prior year overpayment allowed as a credit							\$	198.	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS									
(Electro	(Electronic Federal Tax Payment System). See instructions 3c \$								
Caution. If you	are going to	make an electronic funds withdrawal	(direct debit	t) with this Form 8868, see	e Form 8453-EO and Form) for payment	
instructions								-	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.