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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.		•
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ret	turn/report is for:	x a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mg	onths)	<u></u>	
C Check b	box if filing under:	片	automatic extension			DFVC progra	am
		special extension (enter description	·				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name	of plan				1b	Three-digit	
BAINBRIDGI	E ISLAND AMBULANC	E ASSOCIATION 401(K) PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	
						10/01	/2006
		dress; include room or suite number (en CE ASSOCIATION, INC.	nployer, if for a single-	employer plan)			fication Number 66764
D O DOV 44	4540				2c	Sponsor's telep	
P.O. BOX 11 BAINBRIDG	E ISLAND, WA 98110				2d		(see instructions)
20 Dian a	dua; a : a tua ta u!a . a a ua a . a a ua	d address VCarra as Dlan Cranson N	По Di	Cranan Address	2h	81300 Administrator's	
Ja Plan a	oministrator's name and	d address XSame as Plan Sponsor Na	ameSame as Plar	Sponsor Address	30	Administrators	EIIN
					3с	Administrator's	telephone number
4							
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
name,		plan sponsor has changed since the lander from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c		
name, a Sponse	, EIN, and the plan num or's name			·			25
name, a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.			4c		25 28
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b		
name, a Sponso 5a Total r b Total r c Numbo	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b 5c	PN	28
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	28 14 X Yes No
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	28
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	28 14 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ut use Form 5500-SF	tions.)d public accountant (IQI	4c 5a 5b 5c	PN	28 14 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder if you c If the p	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	28 14 X Yes No X Yes No
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF surance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA)	PN 5500. Yes No established.	28 14 X Yes No X Yes No Not determined
name, a Sponse b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applic	28 14 X Yes No X Yes No Not determined able, a Schedule
name, a Sponse b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applic	28 14 X Yes No X Yes No Not determined able, a Schedule
name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to	p. EIN, and the plan numor's name number of participants and number of participants are reflected by the plan's assets ou claiming a waiver of the plan's assets ou claiming a waiver of the plan's assets of the plan's assets ou claiming a waiver of the plan is a defined benefit to plan is a defin	at the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Cluding, if applice the best of my	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruc- n independent qualifier nd conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Cluding, if applice the best of my	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	ifit plans do not tions.)	4c 5a 5b 5c PA) Form : se is each ort, ind, and to	PN 5500. Yes No established. Cluding, if applice the best of my	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form se is each ort, ind, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form se is each ort, ind, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form se is each ort, ind, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form se is each ort, ind, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form se is each ort, ind, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	28 14 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
a	Total plan assets	7a	12974				(2) =::		188153	3
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	12974	7					188153	}
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) runount				(2)	- Otal		
	(1) Employers	8a(1)	777	2						
	(2) Participants	8a(2)	1554	4						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	3539	3						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							58709	l
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24	9						
e	Certain deemed and/or corrective distributions (see instructions)	8e	5	4						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							303	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							58406	;
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	uction	3:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instru	ctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Χ		7	-	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
						X				
				10c						
d	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,							
	instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Χ				
h		(See instru	ictions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i						
Part		1 0		.0.						
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes." see instructions and com	plete	Sched	lule SE	3 (Form			
	5500) and line 11a below)				······				Yes	No
	Enter the unpaid minimum required contribution for current year fr					11a			1	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-4: - ··				C 41- · ·	44.5 "	line er
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ie date o	the le		ırıg
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				401				
b	Enter the minimum required contribution for this plan year					12b	I			

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos, 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in accordan	ce with the instruct	ions to the Form 5500	n-SF	Ins	pection
Part I		Identification Information				<u> </u>	
For calenda	r plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending 1	2/31/2	013	1000 H-000
	ırn/report is for:		lend of the state	n (not multiemployer)		a one-particij	pant plan
B This retu	urn/report is:		e final return/report				
			hort plan year retum/	report (less than 12 mo	onths)		
C Check b	ox if filing under:		tomatic extension			DFVC progra	ım
	74444	special extension (enter description)					
Part II	70 Table	rmation—enter all requested informatio	n		17-50	3.000	
1a Name o					1b	Three-digit	
BAINBRIDG	E ISLAND AMBULAN	ICE ASSOCIATION 401(k) PLAN				plan number (PN) ▶	001
					1c	Effective date o	f nlan
	-					10/01/2	
2a Plan sp	onsor's name and ad	dress; include room or suite number (empl CE ASSOCIATION, INC.	loyer, if for a single-e	employer plan)	2b	Employer Identi	fication Number
BAINDRIDGE	E ISLAND AMBULAN	CE ASSOCIATION, INC.				(EIN) 91-606	
					2c	Sponsor's telep	
P.O. BOX 11	548					(206) 84	100000000000000000000000000000000000000
DAINDDIDG	E ICI AND 18/A 09110	1			2d	Business code 813000	(see instructions)
	E ISLAND, WA 98110	nd address Same as Plan Sponsor Nam	o Deamo on Plan	Sponsor Address	26		
Sa Fiail ac	Jillinistrator s marife ar	id address Positie as Flatt opolisor Nath	ie Danie as Flan	Sponsor Address	30	Administrator's	EIN
					3с	Administrator's	lelephone number
							. See 2
4 If the n	name and/or EIN of the	e plan sponsor has changed since the last	roturn/roport filed fo	- Ibia alaa aalaadka	41		
		mber from the last return/report.	return/report med to	rthis plan, enter the	40	EIN	
a Sponso		,			4c	PN	
5a Total r	number of participants	at the beginning of the plan year			5a		25
b Total r	number of participants	at the end of the plan year				1 22	28
C Numbe	er of participants with	account balances as of the end of the plan	n year (defined bene	fit plans do not			
compl	ete this item)				5c	0:	14
		s during the plan year invested in eligible a					X Yes No
b Are yo	ou claiming a waiver of	f the annual examination and report of an	independent qualifie	d public accountant (IQ	PA)		
unaer If you	answered "No" to e	? (See instructions on waiver eligibility and ither line 6a or line 6b, the plan cannot	use Form 5500-SF :	and must instead use	Form	EE00	X Yes ∐ No
		fit plan, is it covered under the PBGC insu					Not determined
				1/A			
		or incomplete filing of this return/repor					
Under pena	allies of perjury and of	ther penalties sel forth in the instructions, I and signed by an enrolled actuary, as well :	I declare that I have a	examined this return/report	port, ir	cluding, if applic	able, a Schedule
belief, it is	true, correct, and com	plete.	do the electronic vert	sion of this returninepon	ı, anı	to the best of my	knowledge and
	-11-1	\mathcal{M}_{i}	1 . 12 - v/			7	
SIGN	* Sally	Helson	17-15-14	* SALLY N	ELS	SON	
HERE	Signature of plan a	admińistrator	Date	Enter name of individ	lual siç	ning as plan adı	ministrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individ	lual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm i	name, if applicable) and address; include r	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)
					1		
					-		
							ν.

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	. 7a	129747			aras M	188153
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	129747	7		CR & C	188153
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
Contributions received or receivable from: (1) Employers	. 8a(1)	7772).			
(2) Participants	. 8a(2)	15544		-	-	
(3) Others (including rollovers)				+-	Saltras	
b Other income (loss)	1	35393	3	-		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-30		-	58709
d Benefits paid (including direct rollovers and insurance premiums				+		30703
to provide benefits)	. 8d	249				
e Certain deemed and/or corrective distributions (see instructions)	. 8e	54	1			
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					303
i Net income (loss) (subtract line 8h from line 8c)						58406
j Transfers to (from) the plan (see instructions)	· 8j					
Part IV Plan Characteristics				****		
9a If the plan provides pension benefits, enter the applicable pension	n feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
2G 2J 2K 2T 3D	• No. 17 April 1997		V		TO 100	
b If the plan provides welfare benefits, enter the applicable welfare	teature code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
Part V Compliance Questions						
10 During the plan year:			-	Yes	No	A
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.			100		X	Amount
b Were there any nonexempt transactions with any party-in-interes	st? (Do not i	include transactions reported	10a		x	10.100
on line 10a.) C Was the plan covered by a fidelity bond?			10b	\vdash	×	
d Did the plan have a loss, whether or not reimbursed by the plan		Committee and the state of the	10c	-	-5/2	
or dishonesty?			10d		х	
 Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or a 	ll of the ben				v	Service Servic
instructions.)			10e		Х	
f Has the plan failed to provide any benefit when due under the p		1000,1075,1091,25,041.5	10f	\sqcup	X	
g Did the plan have any participant loans? (If "Yes," enter amount			10g		Х	
h If this is an individual account plan, was there a blackout period' 2520.101-3.)			10h		х	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i			
Part VI Pension Funding Compliance			10			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If "	Yes," see instructions and con	plete	Sched	lule SE	3 (Form
11a Enter the unpaid minimum required contribution for current year					11a	
12 Is this a defined contribution plan subject to the minimum funding	ng requirem	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo						
If a waiver of the minimum funding standard for a prior year is be granting the waiver.				, and e	enter th	ne date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Sched				* - **		

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Page 3 - I	1

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)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	П № П №А
Part	morate language Tool 20 at the Color and the			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X N	lo
7 9359445	If "Yes," enter the amount of any plan assets that reverted to the employer this year		T	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro		☐ Yes Ⅺ N
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)			
	3c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust		14b	Trust's EIN	1141

S w ×