Form	Form 5500-SF Short Form Annual Return/Report of Small E				oyee	OMB Nos. 1210-0110 1210-0089			
	ent of the Treasury I Revenue Service	This form is required to be fil	Benefit Pla		etirement	2015			
Employee Bene	artment of Labor efits Security Administration efit Guaranty Corporation	Income Security Act of 1974		6057(b) and 6058(a) of the		rm is Open to Inspection			
		 Complete all entries in dentification Information 		nstructions to the Form 5	500-SF.				
		al plan year beginning 01/01/		and ending 12	2/31/2015				
_	n/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) g employer information in ac	(Filers check	-			
B This return	n/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	(opths)				
C Check bo	x if filing under:	Form 5558	automatic extensi		_	=VC progra	m		
		special extension (enter desc	cription)						
		mation—enter all requested in	nformation						
1a Name of BAINBRIDGE	•	E ASSOCIATION 401(K) PLAN			1b Three- plan nu (PN)	umber	001		
					1c Effectiv				
		er, if for a single-employer plan) apt., suite no. and street, or P.	O. Box)				ation Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BAINBRIDGE ISLAND AMBULANCE ASSOCIATION, INC.					(EIN) 91-6066764 2c Sponsor's telephone number 206-842-2676				
					2d Business code (see instructions)				
P.O. BOX 1154 BAINBRIDGE	48 ISLAND, WA 98110					81300	0		
3a Plan adr	ninistrator's name and	address Same as Plan Spor	isor.		3b Admini	istrator's El	N		
							ephone number		
name, E	IN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN				
a Sponsor					4C PN		28		
		t the beginning of the plan year.			5a 5b		30		
		t the end of the plan year count balances as of the end o			}		50		
					5c		16		
• •		cipants at the beginning of the p			5d(1)		23		
		cipants at the end of the plan ye			5d(2)		23		
		rminated employment during th			5e		0		
		incomplete filing of this return					ala a Cabadula		
SB or Sched		er penalties set forth in the instru- signed by an enrolled actuary, ete.							
	iled with authorized/va	alid electronic signature.	06/03/2016	SALLY NELSON					
	Signature of plan adı	ministrator	Date	Enter name of individ	ual signing as	s plan admii	nistrator		
SIGN HERE	Signature of employe	er/nlan snonsor	Date	Enter name of individ	ual signing or	employer	or plan sponsor		
		me, if applicable) and address (Preparer's to				
	k Daduction Act Nation	and OMB Control Numbers, see ti	instantions for Frank			-	orm 5500-SF (2015)		

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined	
	rt III Financial Information	isulatice p			JZ 1) : .		Tes		
7	Plan Assets and Liabilities		(a) Beginning	of Ver)r			(b) End of Year	
<u>'</u> a		otal plan assets			468		(b) End of Tear 23796		
· · · ·	Total plan liabilities	7b							
С	et plan assets (subtract line 7b from line 7a)				468		237965		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			578	_			
	(2) Participants	8a(2)		17	155				
	(3) Others (including rollovers)	8a(3)		0	500				
-	Other income (loss)	8b		2	590	_		28323	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_		20323	
	to provide benefits)	8d		8	826				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8826	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)					_		19497	
j	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2G$ 2J 2K 2T 3D	feature co	odes from the List of Pla	an Chai	acteris	stic Co	odes in	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	······································								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)		•	10a		x			
b		? (Do not	include transactions	10b		х			
c	Was the plan covered by a fidelity bond?			10c	Х			50000	
d		fidelity bo	nd, that was caused	100	Χ	x		50000	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persor ne or all of	s by an insurance the benefits under	100					
	the plan? (See instructions.)			10e		Х			
t	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes " enter amount a			10f		X X			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g		^			
	2520.101-3.)			10h		Х			
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance								

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No	

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?		Ye	es X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year										
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a						
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Yes		No	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-S	F Short Form Anı	oort of Small Employ an	vee	OMB Nos. 1210-011 1210-008				
Internal Revenue Service	This form is required to be	filed under sections 104	and 4065 of the Employee Retir s 6057(b) and 6058(a) of the Int	ement	2015			
Employee Benefits Security Administ Pension Benefit Guaranty Corport	tration	Revenue Code (the	Code).		This Form is Open to Public inspection			
	Complete all entries		instructions to the Form 5500	-SF.				
Part I Annual Rep	port Identification Information	on						
Fui calendar plan year 2015	or fiscal plan year beginning 01/01/		and ending 12/31/2					
A This return/report is for:	🗙 a single-employer plan	list of participatir	yer plan (not multiemployer) (Fil ng employer information in accor	lers checki dance with	ng this box must attach a the form instructions)			
_								
B This return/report is	the first return/report	the final return/re	port return/report (less than 12 monti					
C Check box if filing under:		automatic extens		-	VC program			
-	special extension (enter de	-						
Part II Basic Plan	Information-enter all requested	information		• • • • • •				
1a Name of plan	ILANCE ASSOCIATION 401(k) PLAN				o01			
Mailing address (include	nployer, if for a single-employer plan room, apt., suite no. and street, or P	.O. Box)	1		006 er Identification Number -6066764			
City of town, state of pro AINBRIDGE ISLAND AMBU	wince, country, and ZIP or foreign po LANCE ASSOCIATION, INC.	stal code (if foreign, see	instructions) 20	2c Sponsor's telephone number (206) 842-2676				
.O. BOX 11548			20	Busines 813000	s code (see instructions)			
AINBRIDGE ISLAND, WA 98	3110							
	e and address XSame as Plan Spo	nsor.			trator's EIN trator's telephone number			
	f the plan sponsor has changed sinc	e the last return/report file	ed for this plan, enter the 4b	EIN				
a Sponsor's name	number from the last return/report.		40	PN				
5a Total number of participa	ants at the beginning of the plan year			5a 🛛	28			
	ants at the end of the plan year			5b	30			
C Number of participants w	rith account balances as of the end o	f the plan year (defined b	enefit plans do not	5c	16			
d(1) Total number of active	participants at the beginning of the p	olan year		1(1)	23			
	e participants at the end of the plan ye			i(2)	23			
e Number of participants t	hat terminated employment during th	e plan year with accrued	benefits that were less	5e	0			
Caution: A penalty for the la Under penalties of perjury and	ate or incomplete filing of this retu d other penalties set forth in the instru d and signed by an enrolled actuary.	rn/report will be assess actions, I declare that I have	ed unless reasonable cause is ave examined this return/report.	includina, i	f applicable, a Schedule			
NGN X Challes	2 The Lacs D	15-18-16	XJ SAILY NEL	SON	· · · · · · · · · · · · · · · · · · ·			
IERE Signature of pla		Date	Enter name of individual si		lan administrator			
	ployer/plan sponsor m name, if applicable) and address (i	Date nclude room or suite nur	Enter name of individual si nber) Pre		mployer or plan sponsor phone number			
as Basesual, Badustica, Art N	otice and OMB Control Numbers, see th				Form 5500-SF (2015)			

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Page	2

6a	Were all of the plan's assets during the plan year invested in eligit	le assets	? (See instructions.)						ΧY	es 🗌 No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver eligibility	an indepe	ndent qualified public	accour	ntant (I	QPA)			K Y	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	orm 5500-SF and mu	st inst	ad us	e Fon	m 5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in								Not det	ermined
	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginnii	na of Y	ear	T		(b) End	l of Year	
a	Total plan assets	7a		2184					2379	65
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		2184	68		237965			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount				(b)	Total	
а	Contributions received or receivable from: (1) Employers	utions received or receivable from:								
	(2) Participants	8a(2)		171	55					
	(3) Others (including rollovers)									
b	Other income (loss)	8b	······	25	90					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8 E 1	5.13				2832	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		88	26					
е	Certain deemed and/or corrective distributions (see instructions)	8e			_			-	The start of	1-6-1
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g			_					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			· · ·				882	26
i	Net income (loss) (subtract line 8h from line 8c)	8i								
j	Transfers to (from) the plan (see instructions)	8j							0 V	
Pa	t IV Plan Characteristics						_			
9a	If the plan provides pension benefits, enter the applicable pension f 2G 2J 2K 2T 3D	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in t	the instruc	tions:	
В	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	as from the List of Pla	n Chas						
					aciens				ons:	
Par	t V Compliance Questions					-				
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vor Program)	oluntary Fi	duciary Correction	10a		x		•		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		x				
С	Was the plan covered by a fidelity bond?			10c	х					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bon	d, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x				
f	Has the plan failed to provide any benefit when due under the plan			10e 10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	id.)	10g		x	- 1			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruc	tions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			101						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part									······	
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Ye	es," see instructions a	nd com	plete S	Schedu	Je SB (Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from So	chedule Si	B (Form 5500) line 40)			11a			
12	Is this a defined contribution plan subject to the minimum funding re						02 of EF	RISA?	Yes	X No

_	Form 5500-SF 2015	Page 3 - 1						
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applical	ple.)						
	a If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.		Month	enter the Day		e letter n Year	uling	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form							
	b Enter the minimum required contribution for this plan year			12b				
	C Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (negative amount)	left of a	12d					
	e Will the minimum funding amount reported on line 12d be met by the funding of	leadline?			Yes	No	N/A	
Par	t VII Plan Terminations and Transfers of Assets				_			
13	a Has a resolution to terminate the plan been adopted in any plan year?				Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this	year		13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?		-			Yes X	No	
с с	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), ident	ify the plan(s) to)				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)	
Par	t VIII Trust Information							
14a	Name of trust			14b T	rust's EIN			
140	Name of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions							
15a	I is the plan a 401(k) plan?			Yes		□ No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements fo matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas bar	sign- ed safe bor thod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for th testing method" for nonhighly compensated employees (Treas. Reg sections 1.4 2(a)(2)(ii))?	e plan year using the "ci 401(k)-2(a)(2)(ii) and 1.4	urrent year 01(m)-	Yes		□ No		
	Check the box to indicate the method used by the plan to satisfy the coverage re-			Rat pere test	centage		rage efit test	
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(this plan with any other plans under the permissive aggregation rules?	o) and 401(a)(4) by com	bining	Yes		No No		
17a	Has the plan been timely amended for all required tax law changes?			Yes		No	N/A	
	Date the last plan amendment/restatement for the required tax law changes was for tax law changes and codes).		Enter the ap			•	structions	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) advisory letter, enter the date of that favorable letter	or volume submitter pla and the letter's serial r	n that is subject	to a favo	orable IRS	opinion a	70	
17d	If the plan is an individually-designed plan and received a favorable determination determination letter			he plan's	iast favora	ible		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under E made), American Samoa, Guam, the Commonwealth of the Northern Mariana Is	RISA section 1022(i)(2) lands or the U.S. Virgin	has been Islands)?	Yes	[No		
19	Were in-service distributions made during the plan year?			Yes		No		
	If "Yes," enter amount			19				
20	Were required minimum distributions made to 5% owners who have attained age retired), as required under section 401(a)(9)?	70 ½ (regardless of wh	ether or not	Yes		No	N/A	

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