## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**Short Form Annual Return/Report of Small Employee Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I		<b>Identification Information</b>								
For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/2	<u>:016</u>	and ending 12	2/31/2016					
A This ret	urn/report is for:	a single-employer plan			oyer) (Filers checking this box must attach an in accordance with the form instructions.)					
		a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	am				
Don't II	Desia Dian Info	special extension (enter descr	• /							
Part II  1a Name		ermation—enter all requested inf	ormation		<b>1b</b> Three-dig	<b>~:</b> *				
BAINBRIDGI	of pian E ISLAND AMBULANO	CE ASSOCIATION 401(K) PLAN			plan num (PN) ▶					
					1c Effective	date of plan 10/01/2006				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	). Box)		<b>2b</b> Employer (EIN)	Identification Number 91-6066764				
		ee, country, and ZIP or foreign posta CE ASSOCIATION, INC.	al code (if foreign, see instr	ructions)	2c Sponsor'	s telephone number 06-842-2676				
P.O. BOX 11:	548				2d Business	code (see instructions)				
	E ISLAND, WA 98110				813000					
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Administrator's EIN					
					3c Administr	rator's telephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
<b>a</b> Sponso					4c PN					
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a					
		at the end of the plan year			5b	32				
		account balances as of the end of			5c	14				
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	23				
<b>d(2)</b> Tota	al number of active pa	rticipants at the end of the plan year	ar		5d(2)	27				
than '	100% vested	terminated employment during the			5e	0				
		or incomplete filing of this return her penalties set forth in the instruc								
SB or Sche		nd signed by an enrolled actuary, a								
SIGN	Filed with authorized/	valid electronic signature.	04/21/2017	SALLY A. NELSON						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	lan administrator				
SIGN										
HERE	Signature of emplo		Date			mployer or plan sponsor				
Preparer's	name (including firm n	name, if applicable) and address (in	iclude room or suite numbe	er)	Preparer's tele	ephone number				

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (I under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							(IQPA)			
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_	_		
c	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined	
Pa	rt III   Financial Information		i e								
_7_	Plan Assets and Liabilities		(a) Beginning				(	(b) End			
	Total plan assets	7a		237965					24874	)	
	Total plan liabilities	7b		007005					04074	2	
	Net plan assets (subtract line 7b from line 7a)	7c		237965	•				24874	J	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)		8683	3						
	(2) Participants	8a(2)		17365							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		16211							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4225	9	
d	Benefits paid (including direct rollovers and insurance premiums	0-1		31457	,						
	to provide benefits)	8d		31437							
<del>t</del>	Certain deemed and/or corrective distributions (see instructions).	8e									
	Administrative service providers (salaries, fees, commissions)	8f		27							
<u>g</u>	Other expenses (add lines 2d, 2c, 2f, and 2d)	8g 8h		31484						4	
-:-	Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subtract line 8h from line 8c)	on 8i		1077					1077		
÷	Transfers to (from) the plan (see instructions)										
	, , , , , , , , , , , , , , , , , , , ,	8j									
9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the inst	ructions:		
	2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					50000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X					
е	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.)			10e		X					
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				_	
h	2520.101-3.)	•		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			10i							

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		🗌	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part   Annual Repor	t Identification Information								
For calendar plan year 2016 or	fiscal plan year beginning 01/01/201		and ending 12						
A									
A This return/report is for:	a one-participant plan	list of participating of a foreign plan	employer information in	accordance wit	h the form instructions.)				
<b>D</b> -1		5							
B This return/report is	the first return/report	the final return/repor							
	an amended return/report	a short plan year ret	um/report (less than 12	months)					
C Check box if filing under:	Form 5558	automatic extension	1	DFVC pro	gram				
	special extension (enter descri								
	ormation—enter all requested info	ormation							
1a Name of plan	105 10000115:011 15:111			1b Three-					
BAINBRIDGE ISLAND AMBULAN	NCE ASSOCIATION 401(k) PLAN			plan nu (PN)	i 001				
				<u> </u>	/e date of plan				
2a Plan sponger's name (omple	nuor if for a single and to the	<del>-</del>		10/01/2	2006				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)			er Identification Number 1-6066764				
City or town, state or proving BAINBRIDGE ISLAND AMBULAN	ce, country, and ZIP or foreign posta	I code (if foreign, see ins	structions)		or's telephone number				
DANIADITIDGE IGEAND ANIBORAN	CE ASSOCIATION, INC.				(206) 842-2676				
D.O. DOV 44540					ss code (see instructions)				
P.O. BOX 11548				813000					
BAINBRIDGE ISLAND, WA 98110	<u> </u>								
3a Plan administrator's name a	nd address 🏿 Same as Plan Spons	sor.		3b Adminis	strator's EIN				
				6					
				3C Adminis	trator's telephone number				
4 If the name and/or EIN of the	e plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN	<del> </del>				
name, EIN, and the plan nur	mber from the last return/report.		ior and plant, officer the	TO CIN					
a Sponsor's name				4c PN					
	at the beginning of the plan year			5a	30				
<b>b</b> Total number of participants	at the end of the plan year			5b	32				
C Number of participants with a complete this item)	account balances as of the end of th	e plan year (only defined	d contribution plans	5c	14				
	ticipants at the beginning of the plan			5d(1)	23				
	rticipants at the end of the plan year			5d(2)	27				
e Number of participants that it	terminated employment during the p	lan year with accrued be	enefits that were less	5e	0				
Caution: A penalty for the late of	or incomplete filing of this return/r	eport will be assessed	uniess reasonable car	uso is ostablic	had				
Under penalties of perjury and oth	ner penalties set forth in the instruction	ons I declare that I have	examined this return/re	nort including	if applicable a Cabadala				
belief, it is true, correct, and comp	iu signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/repor	t, and to the be	st of my knowledge and				
SIGN x Anth	2a. Thelson	13/31/17	* SAUU	A. NEC	SOAL				
Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	plan administrator				
SIGN				<u> </u>					
Signature of employ	/er/plan sponsor	Date	Enter name of individe	ual signing as e	employer or plan sponsor				
Preparer's name (including firm na	ame, if applicable) and address (incli	ude room or suite numbe	er)		ephone number				
			j						
			İ						

Form 5500-SF 2016		Page 2						
<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan car</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC</li> </ul> Part III Financial Information	of an indepen ly and condition not use For	dent qualified pub ons.) m 5500-SF and m	lic acco	untant	(IQPA		X Yes [	
7 Plan Assets and Liabilities		(a) Beginnir	a of Va		T			
a Total plan assets	. 7a	(a) Degimin		7965	+	(1	o) End of Year	
b Total plan liabilities	7b				┼─		248740	
C Net plan assets (subtract line 7b from line 7a)	7c		237	7965	┼-		249740	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo			<del>                                     </del>		248740	
a Contributions received or receivable from:		(4) 74110	une		nve d		(b) Total	
(1) Employers			8	683				
(2) Participants(3) Others (including rollovers)	<del></del>		17	365				
b Other income (loss)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		16	211				
d Benefits paid (including direct rollovers and insurance premiums	8c			198 [18]	42259			
to provide benefits)	8d		314	457				
Certain deemed and/or corrective distributions (see instructions)      Administrative service provides (coloride for a few forms)	8e							
(salaries, fees, commissions)	8f							
g Other expenses	8g			27		Termel 1		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				31484			
Net income (loss) (subtract line 8h from line 8c)	8i 📑		9.11		10775			
Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fe								
Part V Compliance Questions							in strategions.	
10 During the plan year:				T	·			
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	alumtae, Eidu	oio		Yes	No X	N/A	Amount	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	/Da 1	and the second	10a		Х			
C Was the plan covered by a fidelity bond?	***************************************		10b			10204		
d Did the plan have a loss, whether or not reimbursed by the plan's s	delin bered		10c	×	- >	AL 1	50000	
by fraud or dishonesty?      Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions)	r persons by	an insurance	10d		×	90 6		
the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?			10e		_	H		
	·		10f	- 1	Х	8	9	

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) Х

Χ

10f

10g

10h

Fο	rm	55	ഹ	-SF	20	16
		J.	vv	-36	2U	ιп

Page <b>3</b> -	1
-----------------	---

Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)				SB		Ye	s []	No
118	LEnter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			110	1				_
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Cada			of		Ye	. 🖂	Na
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						_	_	
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the walver.	Month	ons, ar	d enter Da			letter r	uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line								_
<u>d</u>	Enter the minimum required contribution for this plan year			12b					
<u>c</u>	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 (enter a minus sign to the negative amount)	left of	а	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	, []	N/A	
	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s 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 broucontrol of the PBGC?					Yes	S 🛛 N	lo	
	<ul> <li>ii, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)</li> </ul>	tify the	plan(s)	to					_
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) PI	V(s)	
Part	VIII Trust Information							<u></u>	
	lame of trust			14b T	rust's E	EIN			
14c N	lame of trustee or custodian					s or cust			
Part	IRS Compliance Questions								
15a :	s the plan a 401(k) plan? If "No," skip b		Yes			No			
15b ⊦ 4	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	🗀 🚦	safe ha			"Prior test	year" /	ADP	
		- 117 "	Currer ADP te	nt year" st		N/A			
<b>16a</b> v	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:		Ratio percer			erage nefit test	. П	N/A	_
16b E	bid the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		test			ment test	. U		
	in the plan year by combining this plan with any other plan under the nermissive aggregation rules?	. [[	Yes		[	No			
17a ii	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS one letter and the serial number	pinion							_
	the plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the o	date of	the mos	st recei	nt detern	ninatio	 1	_
SE	efined Benefit Plan or Money Purchase Pension Plan Only: /ere any distributions made during the plan year to an employee who attained age 62 and had not sepal ervice?		- 1 -	Yes		No			—
19 W	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		[	Yes		No		_	_