## 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

2017

This Form is Open to **Public Inspection** 

	oort Identification Information						
For calendar plan year 2017	or fiscal plan year beginning 01/01/20	)17	and ending 12	2/31/2017			
A This return/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
<b>D</b>	a one-participant plan	a foreign plan					
<b>B</b> This return/report is	the first return/report	the final return/report					
_	an amended return/report	a short plan year retur	n/report (less than 12 mo	2 months)			
C Check box if filing under	<u></u>	automatic extension		DFVC program			
D (    D    D	special extension (enter descrip	<u> </u>					
	Information—enter all requested info	rmation		4 h = =================================			
1a Name of plan	PITAL ASSOCIATION 401(K) & PETIPE	MENT DI ANI		<b>1b</b> Three-digit plan numbe	r		
WASHINGTON STATE HOSPITAL ASSOCIATION 401(K) & RETIREMENT PLAN				(PN) ▶	002		
				1c Effective da			
2a Dian anancaria nama (a	employer, if for a single-employer plan)				1/01/1998		
Mailing address (include	e room, apt., suite no. and street, or P.O.		ruotiono)	<b>2b</b> Employer Identification Number (EIN) 91-0584257			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WASHINGTON STATE HOSPITAL ASSOCIATION			ructions)	<b>2c</b> Sponsor's telephone number 206-281-7211			
				2d Business co	de (see instructions)		
999 THIRD AVENUE SUITE 1400				5	61210		
SEATTLE, WA 98104							
3a Plan administrator's na	me and address X Same as Plan Spons	sor.		<b>3b</b> Administrato	or's EIN		
				<b>3c</b> Administrate	or's telephone number		
	of the plan sponsor or the plan name has			<b>4b</b> EIN			
a Sponsor's name	, , , ,	•	·	4d PN			
C Plan Name							
5a Total number of particip	pants at the beginning of the plan year			5a	105		
<b>b</b> Total number of participants at the end of the plan year				. <b>5b</b> 122			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			<b>5c</b> 114				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	105		
d(2) Total number of active participants at the end of the plan year			5d(2)				
	who terminated employment during the			5e	2		
Caution: A penalty for the	late or incomplete filing of this return/	report will be assessed	unless reasonable cau				
	nd other penalties set forth in the instruct ted and signed by an enrolled actuary, as complete.						
	rized/valid electronic signature.	06/12/2018	LINDA MAGEE				
HERE	lan administrator	Date	Enter name of individu	ıal signing as plan	administrator		

06/12/2018

Date

TOM EVERT

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN

**HERE** 

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)				X Yes No X Yes No				
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No  If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year					Not determined . (See instructions.)			
Pa	t III Financial Information				T				
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
a	Total plan assets	. 7a	105	10573463			12719989		
b	Total plan liabilities	. 7b							
<u> </u>	C Net plan assets (subtract line 7b from line 7a)		10573463			1271		12719989	
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	Amount		(b) Total		Total	
a	Contributions received or receivable from:  (1) Employers	. 8a(1)	2	71445					
	(2) Participants	. 8a(2)	49	91767	1767				
	(3) Others (including rollovers)	. 8a(3)	4	483648					
	Other income (loss)	. 8b	17:	1756573					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				3003433			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	78	786064					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		64859					
f	Administrative service providers (salaries, fees, commissions)			5984					
g	Other expenses	. 8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					856907		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						2146526	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2J 2F 2G 2K 3D 2S 2T						tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X			
С	C Was the plan covered by a fidelity bond?			10c		Χ			
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		Χ			
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		Χ				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Χ			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	Χ			58759	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		10h		Χ				
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					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No	
11a	Enter the unpaid minimum required contributions 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 ERISA?	n 302 o	f 	Y	′es X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling	
lf y	you completed 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				
C Enter the amount contributed by the employer to the plan for this plan year						
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	13a Has a resolution to terminate the plan been adopted in any plan year?			s X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			. 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) which assets or liabilities were transferred. (See instructions.)	) to				
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)	