

**PRIVATE NONPROFIT SPECIAL NEEDS
TRANSPORTATION PROVIDERS
2016
ANNUAL REPORT**

FOR

dba:

(REGISTERED NAME OF BUSINESS)

(OFFICIAL MAILING ADDRESS)

(CITY)

(STATE)

☐ Please check if address listed above is an updated address

Report Year Ended: December 31, 2016

Inquiries concerning this Annual Report should be addressed to:

Name/Title: _____
Address: _____
City: _____
State/Zip: _____
Telephone: _____
Email: _____

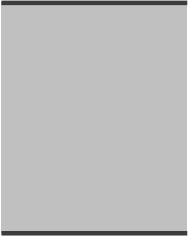
SUBMIT TO:
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PO Box 47250
Olympia, WA 98504-7250

File online: www.utc.wa.gov



REPORT MUST BE RECEIVED NO LATER THAN MAY 1, 2017

****Please refer to the Instructions for Completing the Annual Report on Page 2**



(ZIP)



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INSTRUCTIONS FOR ANNUAL REPORT COMPLETION

Commission Authority

The purpose of this form is to collect financial and operational information from nonprofit transportation providers regulated by the Washington Utilities and Transportation Commission (UTC). The commission's authority for requiring this report is found in RCW 81.04.080. This report is a non-confidential public use form.

Regulatory Fees

Regulatory fees are set by commission order A-140166.

Certification

The Annual Report Certification must be signed by an authorized officer, partner or owner.

Deadlines and Penalties

All nonprofit transportation providers regulated by the UTC are required to complete this form, including all schedules. Failure to complete all schedules will result in the report being considered incomplete and subject to penalties. Completed forms and regulatory fee payments must be received by the UTC no later than **May 1, 2017**. Failure to file the annual report by the above deadline will result in a financial penalty of \$100 for each business day after May 1. Failure to pay the regulatory fees by the above deadline will result in a 2 percent penalty on the amount due and a 1 percent monthly interest charge on the unpaid balance.

Extension Requests

You may file a written request for an extension to file the completed annual report; however, the commission will not extend the deadline for paying regulatory fees. Any extension request must be filed with the commission by **April 14, 2017**, and must state a valid reason for why the extension is needed and identify a specific date which the report will be filed with the commission. The commission will notify you by April 28 whether your request is approved or denied. Even if your request is approved, you will still be liable for penalties and interest payments if you fail to pay your regulatory fees by May 1. To file your extension request online visit:

<http://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

No longer operating in Washington

You may cancel your registration or permit by using the Voluntary Cancellation Form available at:

www.utc.wa.gov/regulatingindustries/transportation/nonprofitbuses/pages

However, if your company operated in Washington at any time during the 2016 calendar year, you must file a closing annual report based on the months of operation during 2016.

Confidential Status

Nonprofit special needs providers are not permitted to file annual report documents as confidential.

If a company regulated under RCW Title 81 submits its annual report or fee sheet as confidential, the commission will reject that submission and will not consider the report to be filed until the date the company submits the report and all required documents and information without any designation of confidentiality. If that date is after May 1, the company will be subject to the penalties described above.

Electronic Filing and Payment

To obtain an electronic format of the report, submit a report online or pay your regulatory fees online visit:

www.utc.wa.gov/regulatingindustries/pages/annualreports

Staff Contact

Sean Bennett at (360) 664-1157 or sbennett@utc.wa.gov

TTY Toll-Free phone number 1-800-416-5289

ANNUAL REPORT CERTIFICATION

(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)

I, the undersigned _____

Responsible Account Officer (Please Print)

of _____

Name of Company

I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2016 to December 31, 2016, contained in this report, correctly reflect the business affairs of the respondent.

Title
(please print)

(Signature of Respondent)
(Typed if submitted electronically)

Telephone Number

Date

GENERAL INFORMATION

Washington Unified Business Identifier (UBI) No.: _____

(If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)

Business Structure (please check the appropriate designation):

☐ Individual / Sole Proprietor ☐ Partnership ☐ Other (LP, LLP, LLC) ☐ Corporation ☐ Nonprofit

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list percentage of ownership.

| Name | Title | Percent / Shares |
|------|-------|------------------|
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Corporation

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| Stock / Ownership |
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SCHEDULE 1

(complete all information for the year 2016)

Recordable Intrastate and Interstate Accidents

| Recordable Accidents | Intrastate |
|---|------------|
| A fatality | |
| An injury to a person requiring immediate treatment away from the scene of the accident | |
| Disabling damage to a vehicle, requiring it to be towed from the accident scene | |
| Total number of recordable accidents | |

Vehicle and Mileage Information

| Mileage Information | |
|-----------------------|---|
| Total Operating Miles | |
| Intrastate | <i>Intrastate: Trips that operate exclusively within WA</i> |
| Interstate | <i>Interstate: Trips that operate outside of WA</i> |

Vehicles Operated

Indicate vehicles operated during the preceding year under certificate issued by the UTC to provide transportation services (for persons with special transportation needs). If more space needed, please attach an additional schedule containing the required information.

| Year | Make | Model | Passenger Seating Capacity |
|------|------|-------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Vehicles Operated

Primary Source of Compensation

Check all that apply and provide a brief description

☐ Grants or Contracts

☐ Passenger Fares

☐ Other

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|-------------------|
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| |
| Interstate |
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| or compensation) for persons nformation listed below. |
| Number of Vehicles |
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REGULATORY FEE CALCULATION SCHEDULE**Due May 1, 2017**

Company Name: _____

In accordance with RCW 81.66.030 "Regulatory Fees", the Commission requires Private Nonprofit Special Needs Transportation Providers to pay the sum of ten dollars annually for each vehicle operated. The regulation shall file with the Commission a statement under oath and pay to the Commission a fee as instructed below. There is no minimum fee.

Regulatory Fee Calculations

1 Total Number of vehicles operated at any time during the regulatory year _____

2 Total Regulatory Fees owed (enter amount from Line 1) _____

X

Ager

Penalty & Interest Calculations3 Penalties on Regulatory Fees being paid after **May 1** _____

4 Total Penalties on Regulatory Fees owed (enter amount from Line 2 x 2%) _____

X

5 Interest on Regulatory Fees being paid after **May 31** _____

6 Amount from Line 2 x Number of month past May 31 x 1% _____

X

X

7 Total Penalties and Interest owed (Line 4 plus Line 6) _____

8 Total Regulatory, Penalties and Interest Fees Due (Line 2 plus Line 7) _____

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COMMISSION USE ONLY

Reception #: _____

001-111-0268-231-01 _____

Reference: _____

AR2016 _____

001-111-0268-231-11 _____

Payment ID: _____

001-111-0268-032-20 _____

001R-111-0268-032-20 (_____

Total Paid: _____

Annual Report Year
2016

o file reports the number of
Every company subject to
i fee.

\$10.00

icy Use Only 001-111-0268-231-01

0.02

0.01

icy Use Only 001-111-0268-231-11

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PAYMENT INFORMATION

The commission accepts the following methods of payment:

- ☒ Cash (in-person at commission)
- ☒ Check (must be in US Funds)
- ☒ Online payments* (ACH, American Express, Discover/Novus, Mastercard, Visa)
- ☒ Pay-by-phone (credit card payments only) at (360) 664-1349

**Please note: A convenience fee of 2.5 percent (minimum of \$3.95) is charged by Official Payments for using the credit card processing service.*

To pay online visit:

<https://www.utc.wa.gov/regulatedIndustries/Pages/online-payments.aspx>

FILING YOUR REPORT

All annual reports and regulatory fees must be received by the commission no later than May 1 each year (or the following business day if May 1 lands on a weekend). Postmark dates are not considered the date received. It is strongly recommended to use a mail delivery service, such as certified mail via USPS, with delivery confirmation or filing online to receive an email notification of receipt.

Reports may be mailed, faxed, delivered in person or submitted online:

- ☒ Mail to: *(recommend via certified mail no later than April 15 to ensure timely delivery)*
Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504
- ☒ Physical Address for express delivery services (Fedex, UPS):
1300 S. Evergreen Park Dr. S.W.
Olympia, WA 98504
- ☒ Fax to: (360) 664-1289 *(Contact commission staff below to verify receipt)*
- ☒ File online using the commission e-file system: *(System will generate automatic email receipt)*
<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

NEED MORE ASSISTANCE?

For more information about annual reports please reference the Annual Report FAQ document at the website below or contact Sean Bennett at (360) 664-1157 or sbennett@utc.wa.gov.

<https://www.utc.wa.gov/regulatedIndustries/Pages/annualReports.aspx>



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