Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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.

2015

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	dar plan year 2015 or f	iscal plan year beginning 01/01/2015	j	and ending 12/31	1/2015						
A This re	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) a foreign plan										
B This ref	B This return/report is										
C Check	box if filing under:	Form 5558 Special extension (enter description	automatic extension on)	utomatic extension DFVC program							
Part II	Basic Plan Info	ormation—enter all requested inform	nation								
1a Name				1	b Three-digit plan number (PN) ▶	005					
				1	C Effective date o	of plan 01/1991					
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo ce, country, and ZIP or foreign postal co			2b Employer Identification Number (EIN) 91-0676305						
	HEALTH SERVICES, I		ode (ii foreign, see instr	2	2c Sponsor's telephone number 360-424-7829						
					2d Business code (see instructions)						
P.O. BOX 1 MOUNT VE	406 RNON, WA 98273		446110								
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN						
				3	C Administrator's	telephone number					
		e plan sponsor has changed since the imber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN						
a Spons	sor's name	· ·		4	4c PN						
5a Total	number of participants	s at the beginning of the plan year			5a	23					
b Total	number of participants	s at the end of the plan year			5b	21					
	per of participants with blete this item)	account balances as of the end of the	plan year (defined bene		5c	12					
d(1) Total number of active participants at the beginning of the plan year				}	. 5d(1) 22						
d(2) Total number of active participants at the end of the plan year				<u></u>	. 5d(2)						
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0						
		or incomplete filing of this return/re				andria a Cabanduda					
SB or Sch		ther penalties set forth in the instruction and signed by an enrolled actuary, as wanglete.									
SIGN	Filed with authorized	l/valid electronic signature.	06/28/2016	JERRY WILLINS							
HERE	Signature of plan administrator Date Enter name of individual signing as plan administrator										

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" t	sets during the plan year invested in eligiber of the annual examination and report of -46? (See instructions on waiver eligibility o either line 6a or line 6b, the plan cannot be set to be set the plan cannot be set the plan can	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Yes	
	enefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	N	ot dete	mined
Part III Financial Inf	ormation		Γ								
7 Plan Assets and Liabilitie	es		(a) Beginning	•		_		(b) Er	nd of		
		. 7a		1010)463					7856	306
		. 7b		1010		-				705	
	t line 7b from line 7a)	. 7с		1010)463			785606			
Income, Expenses, and a Contributions received or	Transfers for this Plan Year		(a) Amou	ınt				(b) Tota	al	
	·····	. 8a(1)									
(2) Participants		. 8a(2)		31	1083						
(3) Others (including roll	overs)	. 8a(3)									
b Other income (loss)		. 8b		2	2490						
	8a(1), 8a(2), 8a(3), and 8b)	. 8c								33	573
, ,	direct rollovers and insurance premiums	. 8d		257	7377						
	corrective distributions (see instructions)	. 8e		1	1053						
_	oviders (salaries, fees, commissions)	. 8f									
		. 8g									
h Total expenses (add line	s 8d, 8e, 8f, and 8g)	. 8h								2584	430
i Net income (loss) (subtra	Net income (loss) (subtract line 8h from line 8c)									-2248	357
j Transfers to (from) the pl	an (see instructions)	. 8j									
Part IV Plan Charac	cteristics										
	sion benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in t	the inst	ructio	ns:	
B If the plan provides welf.	2T 3D are benefits, enter the applicable welfare f	footure cod	log from the List of Dia	n Char	ootoriot	io Coo	loo in th	o inetri	ıotion	.0:	
In the plan provides well	are bettems, erner the applicable wellare i	leature coo	les from the List of Fla	ii Cilai	acterist	iic Coc	ies iii iii	ie iristit	JCHOH	5.	
Part V Compliance C	 luestions										
10 During the plan year:					Yes	No	N/A		Α	mount	
described in 29 CFR 2	ransmit to the plan any participant contribu 510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction	10a		X					
-	mpt transactions with any party-in-interest	•									
				10b		X					
C Was the plan covered	by a fidelity bond?			10c	X						120000
	s, whether or not reimbursed by the plan's			10d		X					
Were any fees or comn carrier, insurance service	nissions paid to any brokers, agents, or oth	her person ne or all of	s by an insurance the benefits under			X					
	ons.)			10e							
	Has the plan failed to provide any benefit when due under the plan?					X					
	participant loans? (If "Yes," enter amount a	-		10g		X					
	ccount plan, was there a blackout period?			10h		X					
i If 10h was answered "Y	es," check the box if you either provided to the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i							
j Did the plan trust incur	unrelated business taxable income?			10i							
Part VI Pension Fund	ling Compliance			,	1			1			
11 Is this a defined benefit	plan subject to minimum funding requirem									Yes	s No
,	um required contribution for all years from						11a				
· · · · · · · · · · · · · · · · · · ·	oution plan subject to the minimum funding		• •					RISA?		Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	13c(3) PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
The Traine of Macros of Suscession					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

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

Part	Annual Report	Identification Information				· · · · · · · · · · · · · · · · · · ·			
For cale	ndar plan year 2015 or f	iscal plan year beginning 01/01/2015		and ending 12	2/31/2015				
A This	A This return/report is for: X 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)								
	a one-participant plan a foreign plan								
B This r	B This return/report is the first return/report the final return/report								
	an amended return/report a short plan year return/report (less than 12 months)								
C Chec	C Check box if filing under: Form 5558 automatic extension DFVC program pecial extension (enter description)								
Part II	Basic Plan Info	rmation—enter all requested inform							
1a Nam		one an requested mon	auon		1b Three-digit	:			
	HEALTH SERVICES, I	NC. 401(k) PLAN			plan numb				
					1c Effective date of plan 07/01/1991				
2a Plan Maili	sponsor's name (emplo	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo	r)		2b Employer Identification Number				
City	or town, state or province HEALTH SERVICES, II	e, country, and ZIP or foreign postal co	de (if foreign, see ins	tructions)	(EIN) 91-0676305 2c Sponsor's telephone number				
11028 1148	TIE IETT CERVICES, II	10.			(360) 424-7829				
P.O. BOX	1406				2d Business code (see instructions) 446110				
MOUNT VI	ERNON, WA 98273								
	·	d address X Same as Plan Sponsor.			3b Administrate	or's EIN			
		_			2-				
					Administration	or's telephone number			
4 If the	name and/or EIN of the	plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b EIN				
name	e, EIN, and the plan num sor's name	nber from the last return/report.			4c PN				
5a Total	number of participants a	at the beginning of the plan year				23			
		at the end of the plan year				21			
C Numl	per of participants with a	ccount balances as of the end of the pl	an vear (defined ben	efit plans do not	5c	12			
		icipants at the beginning of the plan ye			5d(1)	22			
d(2) To	tal number of active part	icipants at the end of the plan year	••••••		5d(2)	19			
than	100% vested	erminated employment during the plan			5e	0			
Caution: /	A penalty for the late of	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	use is established				
SB or Sch	edule MB completed and true, correct, and completed	er penalties set forth in the instructions I signed by an enrolled actuary, as wel ete.	I as the electronic ver	examined this return/report	port, including, if ap t, and to the best of	pplicable, a Schedule my knowledge and			
SIGN HERE	× Cu	ten	16/1/2016	XJ JERRY W	وردزيع				
	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing as plan	administrator			
SIGN HERE					·				
	Signature of employers Dame (including firm par	er/plan sponsor me, if applicable) and address (include	Date	Enter name of individu					
	(spp. sauto, and address (illidude	room or salte number	'' /	Preparer's telepho	nie number			
				-	T: 1				
	<u> </u>								

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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 (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								K K	Yes	
C If the plan is a defined benefit plan, is it covered under the Pt	BGC insurance pro	gram (see ERISA	section	4021)	?	Yes	∏No	∏ Not d	etermined	
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginni	ng of Y	ear			(b) E	nd of Yea		
a Total plan assets			1010						5606	
b Total plan liabilities										
C Net plan assets (subtract line 7b from line 7a)	7с		1010	163		785606				
8 Income, Expenses, and Transfers for this Plan Year	4470年	(a) Amo	ount				(b) Total		
Contributions received or receivable from: (1) Employers	8a(1)								N ES H	
(2) Participants			310	083	Q(3)					
(3) Others (including rollovers)					th.					
b Other income (loss)			24	90				7/1/2		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								33	573	
d Benefits paid (including direct rollovers and insurance premiur to provide benefits)	8d		2573	77	- H					
e Certain deemed and/or corrective distributions (see instruction			10	53	198					
f Administrative service providers (salaries, fees, commissions)										
g Other expenses (add lines 8d, 8e, 8f, and 8d)					25	4 3		us Hije	يا جو رائعي	
the state (222 miles est, est, est, est esg)					2584				430	
j Transfers to (from) the plan (see instructions)			,	100		200		-224	857	
Part IV Plan Characteristics	8]				,	M W				
B If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions	are feature codes f	rom the List of Pla	n Char	acteris	tic Coc	les in th	ne instruc	ctions:		
10 During the plan year:				Yes	No	N/A		Amou	nt	
Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DOI Program)	's Voluntary Fiduc	iary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-intereported on line 10a.)	rest? (Do not inclu	de transactions	10b		х					
C Was the plan covered by a fidelity bond?	***************************************		10c	Х					120000	
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	***************************************		10d		х					
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of the h	anafite under	10e		х					
f Has the plan failed to provide any benefit when due under the			10f		×					
g Did the plan have any participant loans? (If "Yes," enter amou			10g		х					
h If this is an individual account plan, was there a blackout perio 2520.101-3.)	d? (See instruction	s and 29 CFR	10g 10h		x					
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	d the required noti	ce or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10j	\neg						
Part VI Pension Funding Compliance			. 41							
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)	·····	····		• • • • • • • • • • • • • • • • • • • •		ile SB (Form	∏ Ye	s No	
11a Enter the unpaid minimum required contribution for all years from	om Schedule SB (F	orm 5500) line 40				11a				
12 Is this a defined contribution plan subject to the minimum fund	ing requirements o	section 412 of the	e Code	or sec	tion 30	2 of EF	RISA?	Ye	s X No	

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter granting the waiver			
granting the waiver			
	Y	of the letter rulir Year	ng
If 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	b		
C Enter the amount contributed by the employer to the plan for this plan year	:		
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)	3		
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?		es X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	- 1		
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	
C 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.)			
13c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN	(s)
Part VIII Trust Information		- · <u>- · · · · · · · · · · · · · · · · ·</u>	
14a Name of trust	Trust's E	IN	
14c Name of trustee or custodian 14d	14d Trustee's or custodian's telephone number		
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan?	es	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- pased safe parbor nethod	ADP/A	СР
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	es	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	tatio ercentage est	Average benefit	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	es	No	
17a Has the plan been timely amended for all required tax law changes?	es	No [N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicab for tax law changes and codes).	_	(See instru	ıctions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a fa advisory letter, enter the date of that favorable letter and the letter's serial number			
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the pla determination letter	n's last fa	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	s	No	
19 Were in-service distributions made during the plan year?	s	No	
If "Yes," enter amount			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	s .	No [N/A