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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit AMERICAN INDIAN HEALTH SERVICES 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2016 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 20-3418808 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number AMERICAN INDIAN HEALTH SERVICES, LLC 425-830-9713 2d Business code (see instructions) 704 228TH AVE NE SUITE 603 524210 SAMMAMISH, WA 98074 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 0 5a Total number of participants at the beginning of the plan year 5b 3 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

<u>belief, it is t</u>	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	04/05/2017	MARK STEEL					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan s					
Preparer's	name (including firm name, if applicable) and address (include	r)	Preparer's telephone number					

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 6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of 		` ,						X Yes	No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and condit	tions.)						X Yes	No
If you answered "No" to either line 6a or line 6b, the plan car					_	_	п., г	7	
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
Part III Financial Information	1	1							
7 Plan Assets and Liabilities		(a) Beginning					(b) End o		
a Total plan assets	7a		0	<u> </u>				15000	
b Total plan liabilities			0					15000	
C Net plan assets (subtract line 7b from line 7a)	7c							15000	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
Contributions received or receivable from: (1) Employers	8a(1)								
(2) Participants			15000						
(3) Others (including rollovers)									
b Other income (loss)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								15000	
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)				_					
e Certain deemed and/or corrective distributions (see instructions).									
f Administrative service providers (salaries, fees, commissions)	8f			-					
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)				_				15000	
Net income (loss) (subtract line 8h from line 8c)			130					15000	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pensio 2A 2E 2F 2G 2J 2K 2R 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ıctions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Fiduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	st? (Do not	include transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c	Χ					10000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		X				
${f f}$ Has the plan failed to provide any benefit when due under the p	lan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		X				
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i						

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Part	VI	Pension Funding Compliance									
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No			
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a						
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?									
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling			
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1					
b	Enter	the minimum required contribution for this plan year			12b						
С	C Enter the amount contributed by the employer to the plan for this plan year										
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d						
		ne 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?				Yes	s X N	lo			
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to						
	13c(1)	Name of plan(s):	1	3c(2)	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 custod ne number	ian's			
Par	t IX	IRS Compliance Questions									
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No				
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		sign-based "Prior year" ie harbor test						
				"Curre	rent year" N/A test						
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	— Average —			□ N/A			
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No				
	the le										
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation			
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 e?		rom	Ye	s [No				
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No				

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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 section 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

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	art Annual Repor	t Identification Informatio	<u>n </u>	01 /01 /001 6		 -	0 104 1004 0	
-01	calendar plan year 2016 tri			01/01/2016	and ending		12/31/2016	
A	This return/report is for:	x a single-employer plan		a list of participating	r plan (not multiempl g employer information	oyer) (Filers on in accord	checking this bo lance with the for	x must attach m instructions.)
=	This return/report is:	a one-participant plan x the first return/report	Н	a foreign plan the final return/repo				
٥	mis returnireport is.	· 岩	片	•				
		an amended return/report	Ц	a short plan year re	turn/report (less that	n 12 months	3)	
С	Check box if filing under:	Form 5558		automatic extension	n		DFVC progra	am
		special extension (enter des		<u> </u>				
		formation — enter all requeste	d Infor	mation				
1a	Name of plan					16	Three-digit plan number	1
	American Indian He	ealth Services 401(k) E	lan			i	(PN) ►	001
						10	Effective date of	
_							01/01/2016	
2a	Plan sponsor's name (emp Malling Address (include m	loyer, if for a single-employer plan oom, apt., suite no. and street, or F) OBr	1 v)		2£	Employer Ident	
	City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)						(EIN) 20-34	18808
	American Indian Health Services, LLC					20	Sponsor's telep	
							(425) 830-	
	704 228th Ave NE 9	Suite 603				20	524210	(see instructions)
							024220	
3-	US Sammamish WA 98074	and address X Same as Plan S		_		26	A 4-1-1-1-1-1-1	
Ja	rian administrators name	and address El Same as Plan S	ponso	ſ		30) Administrator's	EIN
						<u> </u>		
						30	Administrator's	telephone number
<u>-</u>	If the name and/or EIN of t	he plan sponsor has changed sinc	e the l	est return/report filed	i for this plan, enter	the 4h	EIN	
		umber from the last return/report.	0 11.0 1.	ade rotalistopole lace	ioi and plan, chian	" '		
a	Sponsor's name					40	: PN	
5a	Total number of participant	ts at the beginning of the plan year				5	a	0
b	•	is at the end of the plan year					ib	3
C		h account balances as of the end o				5	ic	-
	•							1
a	(1) Total number of active page	articipants at the beginning of the p	ılan ye	ar		<u>50</u>	l(1)	0
d	(2) Total number of active page	articipants at the end of the plan ye	er 186		·····	50	l(2)	3
6	Number of participants tha	t terminated employment during th	e plan	year with accrued b	enefits that were	,	Se	
_	less than 100% vested	***************************************				·············	<u>, e </u>	0
_		e or incomplete filing of this ret						
U	nder penalties of perjury and	other penalties set forth in the inst	ruction	s, I declare that I ha	ve examined this ref	um/report, i	ncluding, if applic	able, a Schedule
be	s or scriedule wis completed ellef, it is true, correct, and co	and signed by an enrolled actuary	, as w	eu as the electronic	version of this return	report, and	to the best of my	knowledge and
		of pr		4-5-17	Mark Steel			
111148			116	+			 _	
	IERE Signature of plan ad	ministrator	——	Date		dividual sigi	ning as plan admi	nistrator
NUMBER OF THE PARTY OF THE PART	43A		94	4-5-17	Mark Steel			
JI FOR	IERE Signature of employ			Date		dividual sigr	ning as employer	or plan sponsor
		n name, if applicable) and address	(includ	le room or suite nun	iber)		parer's telephone	
3	kip this question					34	ip this quest	IOU
							> 5, 1	
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l								

	Form 5500-SF 2016		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See Instructions.)				********		X Yes No		
b	Are you claiming a waiver of the annual examination and report of ar				•						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno								X Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC ins										
_		ica ance pr	ogram (see EMGA sector	11402	1)1	~~~·		, <u> </u>	2 140t defeammen		
	rt III Financial Information	200	tal Pauluuluu a	* 1.7.		_			-		
7	Plan Assets and Liabilities		(a) Beginning o	TYOR		+		(b) End	of Year		
<u>a</u> b	Total plan flabilities	7a		_	0	+			15,000		
C	Net plan assets (subtract line 7b from line 7a)	7b 7c		<u> </u>	0	+					
8	Income, Expenses, and Transfers for this Plan Year	7.	(a) Amount		0	+		(b)	15,000 Total		
а	Contributions received or receivable from:		(4) / 4/104/11			4000	.U., j.,				
	(1) Employers	8a(1)						2.9	The second secon		
_	(2) Participants	8a(2)		15,0	00						
_	(3) Others (including rollovers)	8a(3)				dinana.	de consta	lan Vision Silver			
<u>b</u>	Other income (loss)	8b				3,000 m					
त	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (Including direct rollovers and insurance premiums	8c			1000,000		in any comme		15,000		
	to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				50000					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f									
9	Other expenses	8g				280000					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			100.2	6					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81					15,000				
- I	Transfers to (from) the plan (see instructions)	. 8j							The second state of the se		
-	risiva Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D	ature code	es from the List of Plan Cl	naract	eristic	Code	s in th	e Instruct	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Codes	in the	instruction	ons:		
Carrier Control	art V Compliance Questions										
10	During the plan year:				V	M.		<u> </u>	4		
_	Was there a failure to transmit to the plan any participant contribut	ions within	the time period		Yes	NO	NA		Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•								
	Program)	·····		10a		х					
t	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's the plan the plan's the plan the plan's the plan the pl			10c	х	ļ			10,000		
	by fraud or dishonesty?	************		10d		х					
6	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?			101		х					
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		х					
ŀ	If this is an Individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	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 2520.101	e required	notice or one of the	101							

************	Form 5500-SF 2016 Page 3 -								
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	nd comp	lete Sc	hedule (SB		Yes X	No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0		11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	e Code o	rsection	on 302 (of		Yes X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, segranting the waiver	Month	ons, ar	nd enter Da		of the		ng 	
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.					· ·		
b	Enter the minimum required contribution for this plan year.	**********	******	12b					
c	Enter the amount contributed by the employer to the plan for the plan year	*******	********	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*********			Yes [] No		Ά	
Par	VII Plan Terminations and Transfers of Assets		·						
13a 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									
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b control of the PBGC?	rought ur	nder the	ne Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), it which assets or liabilities were transferred. (See instructions.)	lentify the	e plan(s	s) to					
1	3c(1) Name of plan(s):	1:	3c(2) E	lN(s)		13	ic(3) PN(s)	
			•		***************************************			***************************************	
Par	VIII Trust Information - Skip These Questions		***************************************						
14a	Name of trust			14b	Trust's E	IN			
140	Name of trustee or custodian	***************************************		14d	Trustee d	or cust	odian's		
				14d Trustee or custodian's telephone number					
Par	IX IRS Compliance Questions - Skip These Questions			<u> </u>	···········			·····	
	Is the plan a 401(k) plan? If "No," skip b.	**********	□ Y	es			No		
15t	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		D	esign-ba	ased		"Prior ye	ar" ADP	
	401(k)(3) for the plan year? Check all that apply:	******		afe harb			test	_, ,,_,	
				Current y DP test	/ear"		N/A		

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Ratio

test

Yes

percentage

Average

benefit test

☐ No

☐ No

No

Yes

☐ N/A

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and serial number

for the plan year by combining this plan with any other plan under the permissive aggregation rules? ...

Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

year? Check all that apply:

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter .