## 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		Identification Information								
For calenda	For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016									
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a										
A This ret	urn/report is for:	a one-participant plan	list of participating employer information in accordance with the form instructions.)  a foreign plan							
<b>B</b> This retu	ırn/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	nonths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	m				
Part II	Basic Blan Infe	special extension (enter descr prmation—enter all requested inf	' '							
1a Name		Diffiation—enter all requested in	ioimation		1b Three-digir	<u> </u>				
	EALTH SERVICES, I	NC. 401(K) PLAN			plan numb					
					1c Effective d	late of plan 07/01/1991				
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer I (EIN)	Identification Number 91-0676305				
City or HOLLAND H	town, state or province EALTH SERVICES, I	ce, country, and ZIP or foreign post NC.	al code (if foreign, see instr	ructions)		telephone number 0-424-7829				
P.O. BOX 14 MOUNT VER	06 NON, WA 98273				2d Business of	code (see instructions) 446110				
3a Plan ad	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	tor's EIN				
		□			<b>3c</b> Administrator's telephone number					
4 If the r	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name,	EIN, and the plan nu	imber from the last return/report.	the last retain report means	or the plan, error the						
a Sponso		a at the hearinging of the plan year			4c PN 5a					
_		s at the beginning of the plan year			5b					
C Numbe	er of participants with	s at the end of the plan yearaccount balances as of the end of	the plan year (only defined	contribution plans	5c					
		articipants at the beginning of the pl			5d(1)	19				
		articipants at the end of the plan yea	-		5d(2)	19				
<b>e</b> Numb	er of participants that	t terminated employment during the	e plan year with accrued be	nefits that were less	5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.								
SIGN	Filed with authorized	/valid electronic signature.	07/24/2017	JERRY A. WILLINS						
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	ın administrator				
SIGN										
HERE	Signature of emplo		Date		lual signing as em	nployer or plan sponsor				
Preparer's	name (including firm ı	name, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's telep	hone number				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of								X Yes	; П No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							П		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		785606					735627	7
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c		785606	5				735627	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0=(4)								
	(1) Employers	8a(1)		28210						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		54712						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							82922	2
d	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		132901	_					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13290	
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-49979				9
J	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
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	<u> </u>	t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					120000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	•	10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
9		-		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 to exceptions to providing the notice applied under 29 CFR 2520.10			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)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout 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	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
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	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	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).

2016

1210-0089

OMB Nos. 1210-0110

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

This Form is Open to Public Inspection

Part I		Identification Information	1						
For calen	ndar plan year 2016 or fis	scal plan year beginning 01/01/2016	6	and ending 12	/31/2016				
A This re	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.)								
	a one-participant plan a foreign plan								
<b>B</b> This re	B This return/report is								
		an amended return/report	a snort plan year retu	m/report (less than 12	montns)				
C Check	k box if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
Part II	Pagia Plan Info	special extension (enter description)  rmation—enter all requested info							
1a Name	<del></del>	rination—enter all requested into	rmation		1b Three	digit			
	HEALTH SERVICES, IN	NC. 401(k) PLAN				number			
					_ ` _	ive date of plan			
	, , , ,	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)	<del></del>		oyer Identification Number 91-0676305			
	or town, state or province HEALTH SERVICES, IN	e, country, and ZIP or foreign postal IC.	code (if foreign, see inst	tructions)	<u> </u>	sor's telephone number (360) 424-7829			
					1	ess code (see instructions)			
P.O. BOX 1					44611	U			
	ERNON, WA 98273	d address K Same as Plan Spons			2h Admin	introtorio FINI			
Ja Flan a	auministrators name and	d address K Same as Flam Spons	OI.		3b Administrator's EIN				
					3C Admin	istrator's telephone number			
		plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b EIN				
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c PN				
		at the beginning of the plan year							
_					5b	21			
C Numb	per of participants with a	at the end of the plan year occount balances as of the end of the	e plan year (only defined	contribution plans	5c	19			
	•				·	19			
		icipants at the beginning of the plan			5d(1) 5d(2)				
e Numi	ber of participants that te	icipants at the end of the plan year erminated employment during the p	lan year with accrued be	nefits that were less	5e	19 0			
Caution: A	100% vested A penalty for the late or	r incomplete filing of this return/r	eport will be assessed	uniess reasonable ca	1				
Under pen SB or Sche	alties of perjury and other	er penalties set forth in the instruction of signed by an enrolled actuary, as	ons, I declare that I have	examined this return/re	port, including	, if applicable, a Schedule			
SIGN.	Tue, correct, and comple		17/8/2011	x Jerry A	6.1:11.	ns .			
HERE	X	tour.		<del>, , , , , , , , , , , , , , , , , , , </del>					
SIGN	Signature of plan ad	ministrator	Date	Enter name of individ	lual signing as	plan administrator			
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	lual signing as	employer or plan sponsor			
Preparer's		me, if applicable) and address (incl		er)		elephone number			
	_								

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b	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.							X Yes No	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes		Not determined
Pa	rt III Financial Information	-U-1900		• • • • • • • • • • • • • • • • • • • •	Т			(b) Ford of	
	Plan Assets and Liabilities		(a) Beginning	of Year 78560				(b) End of	735627
_	Total plan assets	7a		7 6300	~-			_	733027
	Total plan liabilities	7b		78560	<u>,,,</u>				735627
	Net plan assets (subtract line 7b from line 7a)	7c			~			/b\ T-44	
_8_	Income, Expenses, and Transfers for this Plan Year	7.13.70	(a) Amoun	t		- 7m - C	1	(b) Tota	
а	Contributions received or receivable from: (1) Employers	8a(1)		_					
	(2) Participants	8a(2)		282	10				
	(3) Others (including rollovers)	8a(3)					Tal.		
	Other income (loss)	8b		547	2				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		JET.					82922
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13290	)1				-
е	Certain deemed and/or corrective distributions (see instructions)	8e				. 11.11			
f	Administrative service providers (salaries, fees, commissions)	8f						113	
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							132901
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-49979
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instruc	ions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in t	he instruction	ons:
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	,	<b>Amount</b>
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х			
c				10c	x				120000
d		fidelity box	nd, that was caused	10d		Х		-	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her persons ne or all of	s by an insurance the benefits under	10e		х			·
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
				10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	<u></u>		10h		x			
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i					

_	•		
age.	ა-	1	

Part \	VI	Pension Funding Compliance			<del></del>		T =	
11	(Forn	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions are seen as the construction are s				3 	Ye	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		<u></u>	11a		1	
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or	section	1 302 of		Ye	s 🛛 No
	(If "\	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ruction	s. and	enter t	he date	of the letter r	uling
	grant	ting the waiver	OIMIT_		Day		Year_	
	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.		400			
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			12c			
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	eft of a		12d	V		N/A
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No ∐	IN/A
Part '		Plan Terminations and Transfers of Assets		— т	_	<u> </u>		
13a		a resolution to terminate the plan been adopted in any plan year?				Ye:	s X No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes X	No ————
С	If. du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1		Name of plan(s):	-	13c(2)	EIN(s)		13c(3)	PN(s)
						_		
Part					14b	Trust's I	 FIN	
14a i	Name	of trust			142	114510		
14c	Name	e of trustee or custodian					's or custodia ne number	n's
Par	· IY	IRS Compliance Questions						
		plan a 401(k) plan? if "No," skip b		Yes			□ No	
15h	How	did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desig safe h	n-based narbor	i i	"Prior yea	r" ADP
	Ì	(3) for the plan year? Check all that apply:		"Curre	ent year test		N/A	
	year	t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	£ 46	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) ne plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No	<del> </del>
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinio					
	If the	e plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date	of the n	nost rec	ent determina	
	Were servi	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not sep ce?			Ye		No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	