Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE EVERETT CLINIC PROFIT SHARING AND 401(K) EMPLOYEE SAVINGS PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1955

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
THE EVERETT CLINIC, PS

3901 HOYT AVENUE
EVERETT, WA 98201-4988

2b Employer Identification Number (EIN)
91-0214500

2c Plan Sponsor's telephone number
425-339-5465

2d Business code (see instructions)
621111

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	SHERRY HUNTER
	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 sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN
5	Total number of participants at the beginning of the plan year	**5**	2767
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2202
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2094
b	Retired or separated participants receiving benefits	**6b**	77
c	Other retired or separated participants entitled to future benefits	**6c**	464
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2635
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	2639
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2519
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	118
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2H 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan	**B** Three-digit plan number (PN) ▶
THE EVERETT CLINIC PROFIT SHARING AND 401(K) EMPLOYEE SAVINGS PLAN AND TRUST	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
THE EVERETT CLINIC, PS	91-0214500

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

AWJ CAPITAL PARTNERS LLC

222 S. 9TH STREET, SUITE 3035
MINNEAPOLIS, MN 55402

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BEACH POINT CAPITAL MANAGEMENT

1620 26TH STREET, SUITE 6000N
SANTA MONICA, CA 90404

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BERENS CAPITAL MANAGEMENT, LLC

717 5TH AVENUE, FLOOR 12A
NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ORBIMED ADVISORS LLC

601 LEXINGTON AVE., 54TH FLOOR
NEW YORK, NY 10022-4629

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CASTINE CAPITAL MANAGEMENT, LLC

ONE INTERNATIONAL PLACE, SUITE 2401
BOSTON, MA 02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COMMON SENSE INVESTMENT MANAGEMENT

15350 SW SEQUOIA PARKWAY, SUITE 250
PORTLAND, OR 97224

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EVANSTON CAPITAL MANAGEMENT

1560 SHERMAN AV., SUITE 960
EVANSTON, IL 60201

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OAK HILL ADVISORS, LP

1114 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PALO ALTO INVESTORS

470 UNIVERSITY AVENUE
PALO ALTO, CA 94301

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RIMROCK CAPITAL MANAGEMENT

1000 INNOVATION DRIVE, SUITE 200
IRVINE, CA 92617

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AKAHI CAPITAL MANAGEMENT LLC

101 MISSION STREET, SUITE 2080
SAN FRANCISCO, CA 94105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WATER ASSET MANAGEMENT LLC

509 MADISON AVE
SUITE 804
NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GRAHAM CAPITAL MANAGEMENT

40 HIGHLAND AVENUE
ROWAYTON, CT 06853

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ARNERICH MASSENA & ASSOCIATES, INC.

93-1119724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	278580	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

TRAUTMANN MAHER & ASSOCIATES, INC.

91-1526584

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 60 64 65	NONE	199659	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB TRUST COMPANY

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 59	NONE	97195	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THORSON BARNETT & MCDONALD, P.C.

91-1608561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	95433	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

THE ITHAKA GROUP, LLC

26-2269925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	60991	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	50263	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PIER CAPITAL, LLC

86-1105603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47508	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MOSS ADAMS, LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	34633	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

TEJERA & ASSOCIATES, LLC

20-3001362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70	NONE	33844	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CB RICHARD ELLIS

95-2743174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
34	NONE	5000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 59 71	AFFILIATE OF CUSTODIAN	360	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE EVERETT CLINIC PROFIT SHARING AND 401(K) EMPLOYEE SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE EVERETT CLINIC, PS

D Employer Identification Number (EIN)
91-0214500

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	13333045

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE EVERETT CLINIC PROFIT SHARING AND 401(K) EMPLOYEE SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE EVERETT CLINIC, PS

D Employer Identification Number (EIN)
91-0214500

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	496962	370131
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2844331	3994025
(2) Participant contributions	1b(2)	0	230436
(3) Other	1b(3)	278	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4427410	3771396
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17033624	16513103
(5) Partnership/joint venture interests	1c(5)	31679134	29513992
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4275527	4015644
(9) Value of interest in common/collective trusts	1c(9)	11083517	13333045
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	244396382	278619302
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	66490206	42531456

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)	17200000	17200000
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	399927371	410092530
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	357852	361967
k Total liabilities (add all amounts in lines 1g through1j)	1k	357852	361967
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	399569519	409730563

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	7912719	
(B) Participants	2a(1)(B)	13095010	
(C) Others (including rollovers)	2a(1)(C)	1598744	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		22606473
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	314	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	176079	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		176393
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	89360	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11071321	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11160681
(3) Rents	2b(3)		1446951
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	56719770	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	54343944	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2375826
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3717027	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3717027

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		126535
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1053350
c Other income	2c		196757
d Total income. Add all **income** amounts in column (b) and enter total	2d		42859993
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31835432	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		31835432
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	495927	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	387079	
(4) Other	2i(4)	-19489	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		863517
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32698949
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10161044
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MOSS ADAMS **(2)** EIN: 91-0189318

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE EVERETT CLINIC PROFIT SHARING AND 401(K) EMPLOYEE SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE EVERETT CLINIC, PS

D Employer Identification Number (EIN)
91-0214500

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Report of Independent Auditors
and Financial Statements
with Supplemental Information for

The Everett Clinic Profit Sharing and 401(k) Employee Savings Plan and Trust

December 31, 2014 and 2013

MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

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MOSS-ADAMS LLP
Certified Public Accountants | Business Consultants

REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees
The Everett Clinic Profit Sharing and
401(k) Employee Savings Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Everett Clinic Profit Sharing and 401(k) Employee Savings Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplementary Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2014, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplementary information.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Everett, Washington
October 8, 2015

THE EVERETT CLINIC PROFIT SHARING AND 401(k) EMPLOYEE SAVINGS PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2014	December 31, 2013
ASSETS		
Investments, at fair value		
Registered investment companies	$ 278,619,302	$ 244,396,382
Collective trust	13,333,045	11,083,517
Common stocks	16,513,103	17,033,624
Limited partnerships	29,513,992	31,679,134
Other corporate investments	42,531,456	66,490,206
Real estate	17,200,000	17,200,000
Money market funds	3,771,396	4,427,410
Total investments at fair value	401,482,294	392,310,273
Receivables		
Notes receivable from participants	4,015,644	4,275,527
Employee contributions	230,436	-
Employer contribution	3,994,025	2,844,331
	8,240,105	7,119,858
Cash	370,131	496,962
Total assets	410,092,530	399,927,093
LIABILITIES		
Accrued liabilities	361,967	357,574
NET ASSETS AVAILABLE FOR BENEFITS	$ 409,730,563	$ 399,569,519

See accompanying notes.

THE EVERETT CLINIC PROFIT SHARING AND 401(k) EMPLOYEE SAVINGS PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income	
Net appreciation in fair value of investments	$ 7,272,738
Interest	314
Dividends	11,160,681
Rent income	1,446,951
Other income	196,757
	20,077,441
Less investment expenses	(387,079)
	19,690,362
Interest income on notes receivable from participants	176,079
Contributions	
Employer	7,912,719
Participants	13,095,010
Rollovers from qualified plans	1,598,744
	22,606,473
Total additions	42,472,914
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Distributions to participants	31,835,432
Professional and administrative expenses	476,438
Total deductions	32,311,870
CHANGE IN NET ASSETS	10,161,044
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	399,569,519
End of year	$ 409,730,563

See accompanying notes.

Note 1- Description of the Plan

The following description of The Everett Clinic Profit Sharing and 401(k) Employee Savings Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a 401(k) salary deferral and profit sharing plan covering substantially all employees of The Everett Clinic (the Clinic). And is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Clinic is the Plan's sponsor and serves as plan administrator.

Contributions

Participant contributions - Each year, participants may elect to defer a percentage of their pre-tax annual compensation up to the maximum provided under the Internal Revenue Code. Participants may also elect to make after-tax Roth 401(k) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans distributions from other qualified plans.

Employer match and profit sharing contributions - The Clinic may elect to make discretionary matching and profit sharing contributions to the Plan. The Clinic matches 50% of employee contributions, up to 3% of eligible compensation deferred to the Plan. Profit sharing contributions are allocated to participants in the same proportion as a participant's compensation bears to the total of all participants' compensation. For the 2014 Plan year, the profit sharing contribution amounted to approximately $3,631,000.

Participants direct the investment of their contributions to their choice of various investment options. Contributions are subject to regulatory limitations.

Participant accounts - Each participant's account is credited with the participant's contributions and Clinic matching contributions, as well as allocations of the Clinic's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan.

Eligibility and vesting - Employees can elect to make 401(k) deferrals upon employment with the Clinic, as defined in the Plan. All employee deferral and employer matching contributions plus earnings thereon are immediately 100% vested. Once eligible, participants are then eligible to receive allocations of the Clinic's profit sharing contribution after completing 1,000 hours of service during the Plan year and being employed on the last day of the Plan year. Participants vest 20% in their profit sharing contributions after two years of service and are 100% vested after six years of credited service.

Forfeiture balances are applied to reduce employer contributions, generally in the year they occur. Forfeiture amounts applied in 2014 were $48,738.

Note 1 - Description of the Plan (continued)

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested accrued benefit. The loans are issued by the Plan and secured by the balance in the participant's account. Loans require repayment within five years through equal installments in the form of payroll deductions. Interest rates are established at loan inception based on the prime rate of interest as published in *The Wall Street Journal* plus 1%, commensurate with local prevailing rates currently at 4.25%, with various maturities through December 2019. In the event a participant terminates employment with the Clinic, any unpaid loan balance may be repaid within 60 days or will be applied against the participant's vested account balance in accordance with the loan policy.

Payment of benefits - Participants may request a lump-sum payment of their vested profit sharing and 401(k) accounts due to separation of service, death, or disability. Participants entitled to distributions due to death or disability or those who have attained age 55 may request partial distributions from their vested profit sharing account. In-service distributions are available from profit sharing and 401(k) accounts after attainment of age 55 and 59 1/2, respectively. Distributions are processed quarterly.

Note 2 - Summary of Significant Accounting Policies

Basis of accounting - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Recent accounting pronouncement - In April 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*.

The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient (NAV practical expedient). ASU 2015-07 has been adopted for the December 31, 2014, Plan year-end; however, the retrospective approach requires that an investment for which fair value is measured using a NAV practical expedient be removed from the fair value hierarchy in all periods presented in the financial statements. Accordingly, the investment disclosures in Note 3 have been modified as of December 31, 2013, as well.

In July 2015 FASB issued ASU 2015-12, Plan Accounting: Defined Contribution Pension Plans (Topic 962) I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient. The amendments remove the requirement to:

Note 2 - Summary of Significant Accounting Policies (continued)

- disclose individual investments held which exceed 5% of net assets available for benefits.
- disclose net appreciation in fair value of investments by type of investment held.
- disaggregate investments reported in the fair value hierarchy table by class of investment. They may be presented by general type only.
- disclose investment strategy for investments for which fair value is measured using the NAV practical expedient, if they are Form 5500 Direct Filing Entities.

ASU 2015-12 has been adopted for the December 31, 2014 plan year end, however, the retrospective approach requires that the above items, applicable to the prior year, be presented in accordance with ASU 2015-12 as well.

Investment valuation - Investments are stated at fair value. The Plan's custodian, The Charles Schwab Bank, certifies the fair value of all investments. Investments are stated at fair value.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date (Note 3).

Income recognition - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Notes receivable from participants - Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions upon the occurrence of a distributable event, based on the terms of the Plan document.

Payment of benefits - Benefits are recorded when paid.

Expenses - Administrative expenses related to operating and maintaining the Plan can be paid by the Plan or Clinic. Certain administrative, investment, and transaction fees are paid by the Plan.

Subsequent events - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 8, 2015, which is the date the financial statements are available to be issued.

Reclassification - Certain amounts from the prior-year statement of net assets available for benefits have been reclassified in order to conform to the current-year presentation.

Note 3 - Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Other Corporate Investments: Accounts primarily consist of registered investment companies and common stocks that are valued on the basis of readily determinable market prices.

Note 3 - Fair Value Measurements (continued)

Money market: A public investment vehicle valued using $1 for the NAV. The money market fund is classified within Level 1 of the valuation hierarchy.

Limited partnership: Interests are valued at the Plan's percentage interest in the partnership using estimated fair value as provided by the general partner based on quoted market values when available, cost of securities, prices of recent third-party transactions, subsequent developments concerning the companies to which the securities relate, and financial data and projections provided to the general partner. The Plan's investments in other corporate investments are typically valued using the net asset valuations provided by the underlying investment fund and/or their administrators. The Plan considers subscription and redemption rights, including any restrictions on the disposition of the interest in its determination of fair value. If the Plan has the ability to redeem its investment with the investee at net asset value at the measurement date, the investment is categorized as Level 1 in the fair value hierarchy. The custodian determined the value of these assets using the best available information, which includes audited financial statements and transaction activity occurring throughout the year.

The Plan has established a valuation process for investments in limited partnerships and other corporate investments. This process includes a written investment policy and procedures to ensure that the investments are valued in a consistent and fair manner. The Plan receives statements from each investment on a monthly basis and accounts for the shares. The Plan Trustees are responsible to review and approve the valuation of the investments on a quarterly basis.

Real estate is valued at appraised value and certified by The Charles Schwab Bank (Charles Schwab), the custodian.

Collective trust is a collective investment trust designed for retirement trusts exempt from federal income tax under section 501(a) of the Internal Revenue Code of 1986, as amended, and governmental deferred compensation plans. The objective of the fund is to provide preservation of capital, relatively stable returns consistent with its comparatively low-risk profile, and liquidity for benefit-responsive payments. The fund seeks to achieve this objective by investing primarily in a variety of high-quality stable value investment contracts (the performance of which may be predicated on underlying fixed income securities), as well as cash and cash equivalents. It is intended that the fund's stable value investment contracts will maintain a minimum weighted-average credit quality rating of A or better. The underlying fixed income securities must be rated investment grade and meet issuer diversification guidelines. The duration of the fund will not exceed four years. The fund is typically appropriate for investors who desire low volatility, stable principal value, and returns commensurate with a capital preservation objective for a component of their retirement savings. The fund is designed for long-term retirement investing. The fair value of conventional investment contracts is determined using a discounted cash flow methodology where the individual contract cash flows are discounted at the prevailing interpolated yield curve rate as of year-end.

The valuation methods used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 3 - Fair Value Measurements (continued)

The following table discloses the fair value hierarchy of the Plan's assets at fair value as of December 31, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Index funds	$ 78,252,885	$ -	$ -	$ 78,252,885
Growth funds	129,901,595	-	-	129,901,595
Fixed income funds	53,101,419	-	-	53,101,419
Other funds	17,363,403	-	-	17,363,403
Total registered investment companies	278,619,302	-	-	278,619,302
Stocks	16,513,103	-	-	16,513,103
Money market funds	3,771,396	-	-	3,771,396
Real estate	-	-	17,200,000	17,200,000
Total assets in the fair value hierarchy	$ 298,903,801	$ -	$ 17,200,000	$ 316,103,801
Investments measured at NAV (practical expedient)				$ 85,378,493
Investments at fair value				$ 401,482,294

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Index funds	$ 68,118,187	$ -	$ -	$ 68,118,187
Growth funds	115,479,052	-	-	115,479,052
Fixed income funds	45,551,548	-	-	45,551,548
Other funds	15,247,595	-	-	15,247,595
Total registered investment companies	244,396,382	-	-	244,396,382
Stocks	17,033,624	-	-	17,033,624
Money market funds	4,427,410	-		4,427,410
Real estate	-	-	17,200,000	17,200,000
Total assets in the fair value hierarchy	$ 265,857,416	$ -	$ 17,200,000	$ 283,057,416
Investments measured at NAV (practical expedient)				$ 109,252,857
Investments at fair value				$ 392,310,273

Note 3 - Fair Value Measurements (continued)

The following table discloses the summary of changes in the fair value of the Plan's Level 3 investment assets:

	Real Estate
Balance, beginning of year	$ 17,200,000
Realized gains	-
Unrealized gains	-
Purchases	-
Sales	-
Transfers into Level 3	-
Balance, end of year	$ 17,200,000

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Quantitative information about significant unobservable inputs used in Level 3 fair value measurements is as follows:

Name	Fair Value	Valuation Technique	Unobservable Inputs	Range of Input Values (Weighted Average)
Real estate	$ 17,200,000	Market Comparable	Adjustment to appraisal value	N/A

Note 3 - Fair Value Measurements (continued)

The following tables show the fair value, unfunded commitments, and redemption restrictions for investments reported at the net asset value at December 31, 2014:

	Fair Value at December 31, 2014	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Strategies and Other Restrictions
Certified					
Berens Global Value Fund LP	$ 11,931,566	None	Annually	90 days	(4)
Common Sense Long-Biased BPI LTD	221,695	None	Quarterly	100 days	(10)
Common Sense Partners BPI LTD	133,215	None	Quarterly	100 days	(11)
OrbiMed Partners, LTD	6,921,193	None	Quarterly	60 days	(9)
Rimrock Low Volatility Fund Cayman Fund LTD	7,421,484	None	Quarterly	45 days	(8)
Uncertified					
Akahi Fund II, LP	$ 3,813,701	None	Quarterly	30 days	(2)
AWJ Global Sustainable Offshore Fund LTD	768,443	None	Quarterly	60 days	(1)
Beach Point Total Return Offshore LTD	1,703,876	None	Quarterly	90 days	(3)
Berens Global Value Fund LP	3,079,202	None	Annually	90 days	(4)
Castine Partners LP	3,718,318	None	Semi-Annually	45 days	(5)
OHA European Strategic Fund (Offshore) LP	4,456,692	$ 2,280,000	3-Year Investment	N/A	(12)
Palo Alto Healthcare Offshore II LTD	7,316,307	None	Semi-Annually	30 days	(7)
Rimrock Low Volatility (QP) Fund Cayman Fund LTD	9,418,943	None	Quarterly	45 days	(8)
Rimrock Structured Product (Cayman), LTD	4,451,356	None	Annual	120 days	(14)
TRF Feeder Fund (Cayman) LP	2,514,513	None	Quarterly	45 days	(13)
The Weatherlow Offshore Fund II	4,174,944	None	Quarterly	65 days	(6)

Investment strategies

(1) The Fund is registered with the Cayman Islands Monetary Authority and implements a strategy by causing all or substantially all of its assets to be invested in AWJ Global Sustainable Fund LTD (the Master Fund). The Master Fund is a "fund of funds" whose investment objective is to generate superior, risk-adjusted returns over time. To achieve this objective, the Master Fund intends to allocate its assets to investment vehicles that primarily invest in long- and short-term publicly traded equity securities of companies that they believe will be positively or negatively affected by "sustainable themes."

(2) The Fund is a Delaware limited partnership. The General Partner of the Partnership is Akahi Capital Management, LLC, a Delaware limited liability company, and its Chief Investment Officer is the Partnership's portfolio manager. The principal investment objective of the Partnership is to achieve superior risk-adjusted returns by employing a fundamental, small cap, long/short strategy with low net exposure.

Note 3 - Fair Value Measurements (continued)

(3) Beach Point Total Return Offshore Fund II Ltd is an exempted company incorporated and existing under the laws of the Cayman Islands. The Fund's investment objective is to generate superior performance with less than commensurate risk through an opportunistic portfolio of investments including high yield and convertible bonds, corporate loans, stressed and distressed securities, "special situation" investments, undervalued equities, capital structure arbitrage, and short positions in debt and equity instruments.

(4) Berens Global Value Fund, LP is a Delaware limited partnership organized for the primary objective of achieving capital appreciation (net of fees) while attempting to reduce risk and volatility by allocating its assets primarily among a selected group of Portfolio Funds, managed by portfolio managers, who invest in a variety of financial markets.

(5) Castine Partners, LP is a Delaware limited partnership. Its investment objective is to achieve long-term capital appreciation through investment primarily in publicly traded equity securities of United States financial institutions.

(6) The Weatherlow Fund II, LP is a Cayman Island exempted company, incorporated with limited liability, which invests substantially all of its capital in the limited partnership interest of The Weatherlow Fund I LP, a Delaware limited partnership. The fund seeks to invest in limited partnerships and similar pooled investment vehicles managed by independent portfolio managers that employ diverse, alternative investment strategies across a variety of asset classes.

(7) This Fund operates as a feeder fund in a master trust feeder structure and invests substantially all of its assets in Palo Alto Healthcare Master Fund II, LP, a Cayman Island exempted limited partnership. It was designed to permit the pooling of assets with other investors with similar investment objectives in an effort to achieve economies of scale and efficiencies in portfolio management. It was formed for the purpose of investing in securities, as broadly defined, but is not a complete investment program and is intended only for sophisticated investors who are able to bear the economic risk of the loss of their investment and who have limited need for liquidity.

(8) This investment company was formed as an offshore feeder fund for offshore investments in the master trust feeder structure and invests substantially all of its assets in Rimrock Low Volatility (QP) (Master) Fund LTD. This Master Fund is considered a multi-strategy fixed income fund that seeks to generate returns through the exploitation of structural and technical inefficiencies in the market, especially in the short term of the yield curve, and, through careful security selection, modest leverage, active hedging, and select opportunities for capital appreciation.

(9) OrbiMed Partners, Ltd (formerly known as Caduceus Capital, Ltd) is an open-end investment company incorporated under the laws of the British Virgin Islands. The principal investment objective of the Fund through its investment in the Master Fund is to achieve an attractive positive rate of return in excess of relevant market indices over a full market cycle. The Fund seeks to invest in the healthcare industry and the core strategy is most closely linked to long and short positions in companies pursuing the development and marketing of novel products and therapies.

Note 3 - Fair Value Measurements (continued)

(10) Common Sense Long-Biased BPI, LTD is an exempted company incorporated in the Cayman Islands (the Fund). The Fund is registered as a mutual fund under the Cayman Islands Mutual Funds Law. The Fund was organized for the purpose of investing through a master-feeder structure into Common Sense Long-Biased, LP (CSL), a Delaware limited partnership, and Common Sense Long-Biased II, LP (CSL II), a Delaware limited partnership (collectively, the Partnerships). Each Partnership is a fund of hedge funds. The objective of the Partnerships is to generate superior, long-term return with less risk than United States (U.S.) equity markets.

(11) Common Sense Partners BPI, LTD is an exempted company registered as a mutual fund under the Cayman Islands Mutual Funds Law. The Fund was organized for the purpose of investing through a master-feeder structure into Common Sense Partners, LP, and Common Sense Partners II, LP. Each Partnership is a fund of hedge funds. The objective of the Partnerships is to generate a superior, long-term return with less risk than the United States.

(12) The OHA European Strategic Fund (Offshore) LP is a Cayman Island exempted limited partnership for the purpose of investing in distressed, stressed, and undervalued loans, bonds, equities, and other investments, predominantly in Western Europe.

(13) TRF Feeder Fund (Cayman), LP is an exempted limited partnership under the laws of the Cayman Islands and has been organized as a private equity investment vehicle to take advantage of investment opportunities in water, wastewater, and water-related companies, as well as various water resource assets.

(14) Rimrock Structured Product (Cayman), LTD was formed under the laws of the Cayman Islands and is registered under the Mutual Funds law. The Fund invests substantially all of its assets through a master-feeder structure in the Master Fund. The Master Fund's strategy is to exploit structural and technical inefficiencies in the market, especially in the mortgage-backed securities, asset-backed securities, commercial mortgage-backed securities, and other structured product sectors of the fixed income market.

Note 4 - Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments at December 31 is as follows:

	2014	2013
Net assets		
Registered investment companeis	$ 79,802,652	$ 63,951,360
Common stocks	13,033,956	13,433,366
Limited partnerships	23,295,687	24,983,374
Other corporate investments	33,570,501	52,436,714
Real estate	13,576,131	13,564,576
Money market funds	2,976,800	3,491,625
	$ 166,255,727	$ 171,861,015

Components of changes in net assets during the year ended December 31, 2014, are as follows:

Net appreciation in fair value of assets	$ 1,730,945
Interest	246
Dividends	3,597,408
Rent	1,131,281
Other	48,479
Contributions	3,631,123
Rollovers	270,320
Net transfers	(1,123,102)
Investment and administrative expenses	(422,209)
Distributions to participants	(14,469,779)
	$ (5,605,288)

Note 5 - Investments Certified by Plan Custodian

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Charles Schwab Bank, the custodian of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2014 and 2013.

- Net appreciation in fair value of investments, dividends, interest, and interest income from notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2014.

- Investments reflected on the schedule of assets (held at end of year).

Investment income reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2014, as follows:

Net appreciation in fair value of investments	$ 3,924,217
Interest income	314
Dividend income	11,160,681
Rent income	1,446,951
Interest income on notes receivable from participants	176,079
Other income	196,757

Investments totaling $356,065,977 and notes receivable totaling $4,015,644 are reflected in the supplemental schedule as of December 31, 2014.

During 2014 and 2013, the Plan held alternative investments outside of The Charles Schwab Bank. These amounts were not certified by The Charles Schwab Trust Company.

Note 6 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated January 11, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Note 7 - Party-in-Interest Transactions

The Plan leases a medical office complex located at 3901-3909 Hoyt Avenue in Everett, Washington (Property) to the Clinic under a prohibited transaction exemption granted by the Department of Labor (DOL), as published in the Federal Register. The lease agreement requires minimum monthly rental payments and the payment of all taxes, insurance, maintenance, and related expenses. The Everett Clinic extended the lease terms on June 14, 2010, for an additional five-year period, beginning July 1, 2011, and expiring July 30, 2016. The rental rate was $120,579 per month January through December in 2014 and $117,926 per month January through June and $120,579 per month July through December in 2013. The lease contains provisions for consecutive five-year renewal options and requires that the minimum monthly rent upon the commencement of any option period be the market rent determined by a rent study of the Property performed by an independent qualified appraiser; however, the minimum monthly rent shall not be less than the initial minimum monthly rent at the beginning of the lease on July 1, 1996 (i.e., $78,942). On the first and second anniversary of the option commencement date, the minimum monthly rent shall be increased by 2.25% over the minimum monthly rent from the previous year. At the mid-point of the five-year option period, the minimum monthly rent shall be adjusted to the greater of the minimum monthly rent at the time of the adjustment or the market rent determined by a rent study of the Property performed by an independent qualified appraiser. Then, on each subsequent anniversary of the minimum monthly rent adjustment date, the minimum monthly rent shall be increased by 2.25% over the rent from the previous year until the option period expires. The lease contains a purchase option whereby the Clinic may purchase the Property from the Plan at any time during the lease term or extension term. The purchase price upon exercise of the purchase option will be the greater of (a) the Plan's original acquisition cost ($7.2 million) of the Property or (b) the fair market value of the Property at the date of sale as established by an independent appraiser.

Plan investments include shares of registered investment company funds managed by The Charles Schwab Trust Company, which is the custodian of the Plan and an affiliate of Charles Schwab Bank; therefore, transactions with these entities qualify as exempt party-in-interest transactions. Fees paid by the Plan for custodial services were $97,195 for the year ended December 31, 2014.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

Note 9 - Plan Termination

Although it has not expressed any intention to do so, the Clinic has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

SUPPLEMENTAL SCHEDULE REQUIRED BY THE DEPARTMENT OF LABOR

THE EVERETT CLINIC PROFIT SHARING AND 401(k) EMPLOYEE SAVINGS PLAN AND TRUST

E.I.N. 91-0214500, PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

(a) *	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	AARON RENTS INC CL A	Common Stock	$ 44,620	$ 41,728
	ABAXIS INC	Common Stock	44,947	51,374
	ACADIA HEALTHCARE CO	Common Stock	44,440	45,908
	AKAHI FUND II, LP	Limited Partnership Interest	4,000,000	3,813,701
	ALEXION PHARMA INC	Common Stock	117,566	229,807
	ALLEGIANT TRAVEL CO	Common Stock	45,388	55,923
	AMAZON COM INC	Common Stock	89,354	249,832
	AMC ENTERTAINMENT HLDGS	Common Stock	41,909	45,763
	AMG TIMESSQUARE MID CAP GWTH FD INST	Registered Investment	8,995,187	11,814,274
	APOGEE ENTERPRISES INC	Common Stock	49,500	56,352
	APPLE INC	Common Stock	118,779	355,976
	ARCBEST CORPORATION	Common Stock	46,212	49,801
	ARM HLDGS PLC ADR	Common Stock	249,112	388,272
	ARTISAN INTERNATIONAL VALUE INSTL	Registered Investment	11,554,380	12,614,245
	ARTISAN MID CAP VALUE FD INST	Registered Investment	3,851,729	4,288,094
	ARTISAN VALUE FUND INST	Registered Investment	9,575,559	10,857,134
	AWJ GLOBAL SUSTAINABLE OFFSHORE FUND LTD	Other Corporate Investment	793,709	768,443
	B/E AEROSPACE INC	Common Stock	68,711	169,941
	BAIDU COM INC ADR	Common Stock	256,381	259,886
	BANK OF THE OZARKS INC	Common Stock	50,264	55,894
	BANKUNITED INC	Common Stock	48,228	42,151
	BEACH POINT TOTAL RETURN OFFSHORE FUND II	Other corporate Investment	1,773,220	1,703,876
	BENEFITFOCUS INC	Common Stock	80,782	68,997
	BERENS GLOBAL VALUE FUND LP	Limited partnership interest	10,771,159	15,010,768
	BIOGEN IDEC INC	Common Stock	158,991	185,679
	BUFFALO WILD WINGS INC	Common Stock	47,106	60,788
	BURLINGTON STORES IN	Common Stock	66,497	79,539
	CAESARSTONE SDOT YAM	Common Stock	28,693	49,232
	CAMBIAR SMALL CAP FD INV	Registered Investment	3,463,093	3,581,798
	CARTERS HOLDINGS INC	Common Stock	44,491	49,592
	CASTINE PARTNERS, LP	Limited Partnership Interest	3,305,826	3,718,318
	CAVIUM INC	Common Stock	49,578	64,293
	CELGENE CORP	Common Stock	346,143	503,146
	CENTENE CORP	Common Stock	46,904	65,426
	CEPHEID INC	Common Stock	39,227	46,127
	CHAMPLAIN SMALL COMPANY FD ADV CL	Registered Investment	4,298,209	4,985,082
	CHIPOTLE MEXICAN GRILL	Common Stock	229,725	364,159
	CHUYS HOLDINGS INC	Common Stock	42,502	28,049
	CLARCOR INC	Common Stock	46,970	47,514
	COMMON SENSE LONG-BIASED BPI, LTD	Other Corporate Investment	180,715	221,695
	COMMON SENSE PARTNERS BPI SPV, LTD	Other Corporate Investment	185,741	133,215
	COMSCORE INC	Common Stock	60,712	74,752
	CUMMINS ENGINE INC	Common Stock	233,020	293,674
	CUSTOMERS BANCORP IN	Common Stock	44,748	48,397
	CVENT	Common Stock	91,020	75,836
	DELAWARE LTD TERM DIVERS	Registered Investment	4,035,557	3,924,602
	DELAWARE U.S. GROWTH FD INSTL CL	Registered Investment	6,708,345	8,983,746
	DEXCOM INC	Common Stock	42,361	73,437
	DIAMONDBACK ENERGY I	Common Stock	44,842	35,210

(a) *	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	DISNEY WALT HLDG CO	Common Stock	230,069	249,792
	DODGE & COX STOCK FUND	Registered Investment	8,141,914	8,629,933
	EPAM SYSTEMS INC	Common Stock	34,117	47,607
	EVERETT CLINIC MAIN CAMPUS REAL PROP	Real Estate	7,222,391	17,200,000
	EXACT SCIENCES CORP	Common Stock	44,298	46,483
	FACEBOOK INC CLASS A	Common Stock	469,121	897,230
	FEDERATED NATIONAL HLDG	Common Stock	47,319	35,515
	FIREEYE INC	Common Stock	164,345	68,781
	FIVE BELOW	Common Stock	45,329	47,036
	FORTINET INC	Common Stock	45,293	55,004
	G III APPAREL GROUP	Common Stock	47,084	55,758
	GILEAD SCIENCES INC	Common Stock	282,183	518,996
	GOOGLE INC	Common Stock	187,750	329,000
	GOOGLE INC CLASS A	Common Stock	263,240	119,399
	GRANDEUR PEAK INTL OPPTY INST	Registered Investment	11,782,439	12,647,060
	GRUBHUB	Common Stock	46,848	42,603
	HOTCHKIS & WILEY HIG	Registered Investment	2,253,319	2,177,758
	HOTCHKIS & WILEY MID-CAP VALUE CL I	Registered Investment	4,558,882	6,888,848
	ICF INTERNATIONAL INC	Common Stock	22,843	24,588
	IGATE CAPITAL CORP	Common Stock	49,468	49,311
	ILLUMINA INC	Common Stock	245,020	241,800
	INOGEN INC	Common Stock	40,512	50,004
	INSULET CORP	Common Stock	19,665	25,149
	IPG PHOTONICS CORP	Common Stock	48,291	51,845
	JACK IN THE BOX INC	Common Stock	44,828	52,694
	JO HAMBRO INTL SELECT FUND CL I	Registered Investment	12,588,687	16,994,894
	K2M GROUP HOLDINGS	Common Stock	45,022	62,735
	KATE SPADE & CO	Common Stock	45,890	46,318
	KLX INC	Common Stock	-	60,390
	LAS VEGAS SANDS CORP	Common Stock	260,549	278,412
	LDR HOLDING CORP	Common Stock	44,779	44,876
	LEGG MASON BW GLOBAL OPPS BD I	Registered Investment	9,307,796	9,094,366
	LEGG MASON GLOBAL ASSET MMG	Registered Investment	13,238,929	13,032,403
	LIFEPOINT HOSPITALS, INC.	Common Stock	46,913	46,382
	LINKEDIN CORP	Common Stock	300,184	619,298
	M D C PARTNERS INC CL A	Common Stock	46,133	61,435
	M W I VETERINARY SUPPLY	Common Stock	46,002	50,463
	MALIBU BOATS INC	Common Stock	25,388	25,957
	MANHATTAN ASSOCS INC	Common Stock	43,022	48,172
	MARCUS & MILLICHAP INC	Common Stock	49,681	55,395
	MARKETO INC	Common Stock	44,397	52,614
	MASTERCARD INC	Common Stock	139,163	490,078
	MATTRESS FIRM HLDG C	Common Stock	46,057	42,456
	MEDIADATA SOLUTIONS INC	Common Stock	44,927	47,559
	METROPOLITAN WEST LOW DURATION BD I	Registered Investment	5,460,802	5,459,231
	METROPOLITAN WEST TOTAL RETURN I	Registered Investment	5,212,088	5,314,525
	MICHAEL KORS HLDGS LTD	Common Stock	281,989	325,108
	MIDDLEBY CORP THE	Common Stock	105,953	148,947
	MONSANTO CO NEW DEL	Common Stock	227,156	254,352

(a) *	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MORLEY STABLE VALUE FD	Collective Trust	13,090,392	13,333,045
	MOTORCAR PARTS OF AMER	Common Stock	27,490	44,925
	MULTI COLOR CORP	Common Stock	43,234	46,109
	NANOSTRING TECHNOLOG	Common Stock	27,381	23,876
	NCI BUILDING SYS INC	Common Stock	47,125	45,244
	NEVRO CORP	Common Stock	43,035	48,840
	NOVADAQ TECHNOLOGIES	Common Stock	46,440	46,952
	OHA EUROPEAN STRATEGIC FUND (OFFSHORE), LP	Limited Partnership interest	3,730,200	4,456,692
	OLD DOMINION FREIGHT LNS	Common Stock	24,164	60,870
	ORBIMED PARTNERS, LTD. CLASS DSUB1	Other Corporate Investment	2,052,298	6,921,193
	PACIRA PHARMACEUTICALS	Common Stock	8,314	21,012
	PALO ALTO HEALTHCARE OFFSHORE II LTD	Other Corporate Investment	2,295,342	7,316,307
	PAPA JOHNS INTERNATIONAL	Common Stock	41,119	54,293
	PAREXEL INTL CORP	Common Stock	42,341	44,004
	PAYCOM SOFTWARE INC	Common Stock	21,427	34,203
	PDC ENERGY INC	Common Stock	53,737	38,340
	PEGASYSTEMS INC	Common Stock	45,350	41,000
	PGT INC	Common Stock	40,637	43,576
	PHARMACYCLICS INC	Common Stock	185,238	245,009
	PIMCO COMMODITIESPLUS	Registered Investment	10,137,527	7,528,840
	PRA GROUP, INC.	Common Stock	18,360	47,155
	PRICELINE GROUP, INC	Common Stock	142,570	579,227
	PRINCIPAL DIVERSIFIED REAL ASSET INS	Registered Investment	10,298,534	9,834,563
	PROOFPOINT INC	Common Stock	45,037	59,902
	PROTO LABS INC	Common Stock	45,018	47,281
	QLIK TECHNOLOGIES IN	Common Stock	47,121	51,463
	RED ROBIN GOURMET BURGER	Common Stock	20,847	29,481
	REGENERON PHARMACEUTICALS INC	Common Stock	197,027	411,071
	RESTORATION HARDWARE	Common Stock	33,819	50,981
	RIMROCK LOW VOLATILITY (QP) FUND LTD	Other Corporate Investment	14,226,823	16,840,427
	RIMROCK STRUCTURED PRODUCT (CAYMAN) LTD	Other Corporate Investment	4,000,000	4,451,356
	RSP PERMIAN INC	Common Stock	36,751	45,202
	SAIA INC	Common Stock	55,900	72,411
	SALESFORCE COM	Common Stock	190,150	429,226
	SCOUT UNCONSTRAINED BOND FD CL I	Registered Investment	9,347,403	8,935,897
	SEQUENTIAL BRANDS GP	Common Stock	24,596	23,042
	SIGNATURE BANK	Common Stock	22,284	54,793
	SILICON MOTION TECH ADR	Common Stock	44,972	38,455
	SKECHERS U S A INC	Common Stock	24,500	49,394
	SOLARWINDS INC	Common Stock	46,187	52,222
	SPECTRANETICS CORP	Common Stock	28,775	49,519
	SPIRIT AIRLINES	Common Stock	16,648	49,127
	SPLUNK INC	Common Stock	179,344	242,992
	STARBUCKS CORP	Common Stock	411,218	596,504
	STERIS CORP	Common Stock	67,101	71,335
	SURGICAL CARE AFFILI	Common Stock	81,074	78,573
	SWIFT TRANSPORTATION CO	Common Stock	42,970	54,168
	SYNAGEVA BIOPHARMA CORP	Common Stock	26,335	25,146
	TEAM HEALTH HOLDINGS	Common Stock	44,035	41,422

(a) *	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	THE WEATHERLOW OFFSHORE FUND II LTD	Other Corporate Investment	4,000,000	4,174,945
	TRANSDIGM GROUP INC	Common Stock	120,551	243,867
	TRF FEEDER FUND (CAYMAN), LP	Limited Partnership Interest	2,000,000	2,514,513
	TRINET GROUP INC	Common Stock	37,662	48,609
	TRIPADVISOR INC	Common Stock	230,450	187,023
	TRUECAR INC	Common Stock	47,682	51,044
	TUTOR PERINI CORP	Common Stock	47,714	44,842
	TWITTER INC	Common Stock	165,625	131,464
	TYLER TECHNOLOGIES INC	Common Stock	41,283	44,323
	UNDER ARMOUR INC CL A	Common Stock	128,548	379,357
	UNIFIRST CORP	Common Stock	24,152	24,169
	UNITED NATURAL FOODS INC	Common Stock	46,916	55,906
	US ECOLOGY INC	Common Stock	67,300	59,418
	VANGUARD INSTITUTIONAL INDEX FUND	Registered Investment	27,852,479	37,916,108
	VANGUARD MID CAP INDEX FUND INSTL	Registered Investment	5,746,347	6,436,089
	VANGUARD SHORT TERM INV GRADE INSTL	Registered Investment	5,195,120	5,162,637
	VANGUARD SMALL-CAP INDEX INSTL	Registered Investment	10,611,184	16,740,271
	VANGUARD TOTAL BD MKT INDEX INSTL SH	Registered Investment	19,073,765	19,381,263
	VANGUARD TOTAL INTL STOCK INDEX INST	Registered Investment	3,584,099	3,357,961
	VERINT SYSTEMS INC	Common Stock	45,274	46,682
	VIRGIN AMERICA INC	Common Stock	46,428	52,938
	VISA INC CL A	Common Stock	172,234	534,101
	VULCAN VALUE PARTNERS SMALL CAP FD	Registered Investment	4,559,390	5,163,667
	WCM FOCUSED INTERNATIONAL GROWTH INS	Registered Investment	7,526,140	8,434,426
	WEX, INC.	Common Stock	44,826	40,656
	WHG INCOME OPPTY FD INSTL	Registered Investment	3,606,763	4,091,864
	WHG SMALLCAP VALUE INSTL	Registered Investment	3,140,692	4,347,725
	WORKDAY INC	Common Stock	208,613	222,224
	WUXI PHARMATECH ADR	Common Stock	33,728	46,633
	ZELTIQ AESTHETICS	Common Stock	41,788	65,309
	ZENDESK INC	Common Stock	41,527	46,206
	ZULILY INC CL A	Common Stock	27,672	17,987
*	SCHWAB RETIREMENT ADVANTAGE MNY FD (SWAXX)		3,096,356	3,096,356
*	SCHWAB U S TREASURY MONEY FUND (SWIXX)		675,040	675,040
*	Participant Loans	Interest Rate: 4.25%	4,015,644	4,015,644
			$ 338,611,409	$ 405,497,938

* Party-in-interest as defined by ERISA

THE EVERETT CLINIC PROFIT SHARING AND 401(k) EMPLOYEE SAVINGS PLAN AND TRUST

E.I.N. 91-0214500, PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

(a) *	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
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	APPLE INC	Common Stock	118,779	355,976
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	G III APPAREL GROUP	Common Stock	47,084	55,758
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	GOOGLE INC	Common Stock	187,750	329,000
	GOOGLE INC CLASS A	Common Stock	263,240	119,399
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	JO HAMBRO INTL SELECT FUND CL I	Registered Investment	12,588,687	16,994,894
	K2M GROUP HOLDINGS	Common Stock	45,022	62,735
	KATE SPADE & CO	Common Stock	45,890	46,318
	KLX INC	Common Stock	-	60,390
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	LDR HOLDING CORP	Common Stock	44,779	44,876
	LEGG MASON BW GLOBAL OPPS BD I	Registered Investment	9,307,796	9,094,366
	LEGG MASON GLOBAL ASSET MMG	Registered Investment	13,238,929	13,032,403
	LIFEPOINT HOSPITALS, INC.	Common Stock	46,913	46,382
	LINKEDIN CORP	Common Stock	300,184	619,298
	M D C PARTNERS INC CL A	Common Stock	46,133	61,435
	M W I VETERINARY SUPPLY	Common Stock	46,002	50,463
	MALIBU BOATS INC	Common Stock	25,388	25,957
	MANHATTAN ASSOCS INC	Common Stock	43,022	48,172
	MARCUS & MILLICHAP INC	Common Stock	49,681	55,395
	MARKETO INC	Common Stock	44,397	52,614
	MASTERCARD INC	Common Stock	139,163	490,078
	MATTRESS FIRM HLDG C	Common Stock	46,057	42,456
	MEDIADATA SOLUTIONS INC	Common Stock	44,927	47,559
	METROPOLITAN WEST LOW DURATION BD I	Registered Investment	5,460,802	5,459,231
	METROPOLITAN WEST TOTAL RETURN I	Registered Investment	5,212,088	5,314,525
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	MONSANTO CO NEW DEL	Common Stock	227,156	254,352

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E.I.N. 91-0214500, PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)

DECEMBER 31, 2014

(a) *	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
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	MOTORCAR PARTS OF AMER	Common Stock	27,490	44,925
	MULTI COLOR CORP	Common Stock	43,234	46,109
	NANOSTRING TECHNOLOG	Common Stock	27,381	23,876
	NCI BUILDING SYS INC	Common Stock	47,125	45,244
	NEVRO CORP	Common Stock	43,035	48,840
	NOVADAQ TECHNOLOGIES	Common Stock	46,440	46,952
	OHA EUROPEAN STRATEGIC FUND (OFFSHORE), LP	Limited Partnership interest	3,730,200	4,456,692
	OLD DOMINION FREIGHT LNS	Common Stock	24,164	60,870
	ORBIMED PARTNERS, LTD. CLASS DSUB1	Other Corporate Investment	2,052,298	6,921,193
	PACIRA PHARMACEUTICALS	Common Stock	8,314	21,012
	PALO ALTO HEALTHCARE OFFSHORE II LTD	Other Corporate Investment	2,295,342	7,316,307
	PAPA JOHNS INTERNATIONAL	Common Stock	41,119	54,293
	PAREXEL INTL CORP	Common Stock	42,341	44,004
	PAYCOM SOFTWARE INC	Common Stock	21,427	34,203
	PDC ENERGY INC	Common Stock	53,737	38,340
	PEGASYSTEMS INC	Common Stock	45,350	41,000
	PGT INC	Common Stock	40,637	43,576
	PHARMACYCLICS INC	Common Stock	185,238	245,009
	PIMCO COMMODITIESPLUS	Registered Investment	10,137,527	7,528,840
	PRA GROUP, INC.	Common Stock	18,360	47,155
	PRICELINE GROUP, INC	Common Stock	142,570	579,227
	PRINCIPAL DIVERSIFIED REAL ASSET INS	Registered Investment	10,298,534	9,834,563
	PROOFPOINT INC	Common Stock	45,037	59,902
	PROTO LABS INC	Common Stock	45,018	47,281
	QLIK TECHNOLOGIES IN	Common Stock	47,121	51,463
	RED ROBIN GOURMET BURGER	Common Stock	20,847	29,481
	REGENERON PHARMACEUTICALS INC	Common Stock	197,027	411,071
	RESTORATION HARDWARE	Common Stock	33,819	50,981
	RIMROCK LOW VOLATILITY (QP) FUND LTD	Other Corporate Investment	14,226,823	16,840,427
	RIMROCK STRUCTURED PRODUCT (CAYMAN) LTD	Other Corporate Investment	4,000,000	4,451,356
	RSP PERMIAN INC	Common Stock	36,751	45,202
	SAIA INC	Common Stock	55,900	72,411
	SALESFORCE COM	Common Stock	190,150	429,226
	SCOUT UNCONSTRAINED BOND FD CL I	Registered Investment	9,347,403	8,935,897
	SEQUENTIAL BRANDS GP	Common Stock	24,596	23,042
	SIGNATURE BANK	Common Stock	22,284	54,793
	SILICON MOTION TECH ADR	Common Stock	44,972	38,455
	SKECHERS U S A INC	Common Stock	24,500	49,394
	SOLARWINDS INC	Common Stock	46,187	52,222
	SPECTRANETICS CORP	Common Stock	28,775	49,519
	SPIRIT AIRLINES	Common Stock	16,648	49,127
	SPLUNK INC	Common Stock	179,344	242,992
	STARBUCKS CORP	Common Stock	411,218	596,504
	STERIS CORP	Common Stock	67,101	71,335
	SURGICAL CARE AFFILI	Common Stock	81,074	78,573
	SWIFT TRANSPORTATION CO	Common Stock	42,970	54,168
	SYNAGEVA BIOPHARMA CORP	Common Stock	26,335	25,146
	TEAM HEALTH HOLDINGS	Common Stock	44,035	41,422

(a) *	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	THE WEATHERLOW OFFSHORE FUND II LTD	Other Corporate Investment	4,000,000	4,174,945
	TRANSDIGM GROUP INC	Common Stock	120,551	243,867
	TRF FEEDER FUND (CAYMAN), LP	Limited Partnership Interest	2,000,000	2,514,513
	TRINET GROUP INC	Common Stock	37,662	48,609
	TRIPADVISOR INC	Common Stock	230,450	187,023
	TRUECAR INC	Common Stock	47,682	51,044
	TUTOR PERINI CORP	Common Stock	47,714	44,842
	TWITTER INC	Common Stock	165,625	131,464
	TYLER TECHNOLOGIES INC	Common Stock	41,283	44,323
	UNDER ARMOUR INC CL A	Common Stock	128,548	379,357
	UNIFIRST CORP	Common Stock	24,152	24,169
	UNITED NATURAL FOODS INC	Common Stock	46,916	55,906
	US ECOLOGY INC	Common Stock	67,300	59,418
	VANGUARD INSTITUTIONAL INDEX FUND	Registered Investment	27,852,479	37,916,108
	VANGUARD MID CAP INDEX FUND INSTL	Registered Investment	5,746,347	6,436,089
	VANGUARD SHORT TERM INV GRADE INSTL	Registered Investment	5,195,120	5,162,637
	VANGUARD SMALL-CAP INDEX INSTL	Registered Investment	10,611,184	16,740,271
	VANGUARD TOTAL BD MKT INDEX INSTL SH	Registered Investment	19,073,765	19,381,263
	VANGUARD TOTAL INTL STOCK INDEX INST	Registered Investment	3,584,099	3,357,961
	VERINT SYSTEMS INC	Common Stock	45,274	46,682
	VIRGIN AMERICA INC	Common Stock	46,428	52,938
	VISA INC CL A	Common Stock	172,234	534,101
	VULCAN VALUE PARTNERS SMALL CAP FD	Registered Investment	4,559,390	5,163,667
	WCM FOCUSED INTERNATIONAL GROWTH INS	Registered Investment	7,526,140	8,434,426
	WEX, INC.	Common Stock	44,826	40,656
	WHG INCOME OPPTY FD INSTL	Registered Investment	3,606,763	4,091,864
	WHG SMALLCAP VALUE INSTL	Registered Investment	3,140,692	4,347,725
	WORKDAY INC	Common Stock	208,613	222,224
	WUXI PHARMATECH ADR	Common Stock	33,728	46,633
	ZELTIQ AESTHETICS	Common Stock	41,788	65,309
	ZENDESK INC	Common Stock	41,527	46,206
	ZULILY INC CL A	Common Stock	27,672	17,987
*	SCHWAB RETIREMENT ADVANTAGE MNY FD (SWAXX)		3,096,356	3,096,356
*	SCHWAB U S TREASURY MONEY FUND (SWIXX)		675,040	675,040
*	Participant Loans	Interest Rate: 4.25%	4,015,644	4,015,644
			$ 338,611,409	$ 405,497,938

* Party-in-interest as defined by ERISA