

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE EVERETT CLINIC PROFIT SHARING AND 401(K) EMPLOYEE SAVINGS PLAN AND TRUST</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>01/01/1955</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE EVERETT CLINIC, PLLC</u> <u>3901 HOYT AVENUE</u> <u>EVERETT, WA 98201-4988</u>	2b	Employer Identification Number (EIN) <u>91-0214500</u>
		2c	Plan Sponsor's telephone number <u>425-339-5465</u>
		2d	Business code (see instructions) <u>621111</u>

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.	<u>10/12/2017</u>	<u>BETSY SUYDAM</u>
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2829
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 2256 6a(2) 2406 6b 60 6c 566 6d 3032 6e 8 6f 3040 6g 2801 6h 78
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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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, PLLC	D Employer Identification Number (EIN) 91-0214500

Part I	Service Provider Information (see instructions)
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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)..... ☒ 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 disclosures on eligible indirect compensation BEACH POINT CAPITAL MANAGEMENT	1620 26TH STREET, SUITE 6000N SANTA MONICA, CA 90404
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(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
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(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
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(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

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

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

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

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

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

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	291394	Yes ☐ No ☒	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	207399	Yes ☐ No ☒	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	102496	Yes ☒ No ☐	Yes ☒ No ☐	0	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	53090	Yes ☐ No ☒	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	50085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	49679	Yes ☐ No ☒	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)

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	37572	Yes ☐ No ☒	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	21116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OFFICE TEAM

94-1648752

(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?
49	NONE	9768	Yes ☐ No ☒	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)

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	856	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ 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 ☐

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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, PLLC	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)
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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 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16361170
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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)
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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)
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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)
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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)
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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)
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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)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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
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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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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, PLLC	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	646476	477305
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	4234255	366771
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	1860312	3486223
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	6506614	19863359
(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)	13175157	4770515
(5) Partnership/joint venture interests	1c(5)	13918398	14204042
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	4316608	3665993
(9) Value of interest in common/collective trusts	1c(9)	13755084	16361170
(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)	301748397	321579145
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	18510366	13156246

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)	19300000	19400000
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	397971667	417330769

Liabilities

g Benefit claims payable	1g	59764	5900
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1669	137
k Total liabilities (add all amounts in lines 1g through 1j)	1k	61433	6037

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	397910234	417324732
---	-----------	-----------	-----------

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)	5540613	
(B) Participants	2a(1)(B)	16430414	
(C) Others (including rollovers)	2a(1)(C)	972423	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		22943450
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9823	
(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)	172036	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		181859
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	52656	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7700586	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7753242
(3) Rents	2b(3)		1494362
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	40333604	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	36939041	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3394563
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	100000	
(B) Other	2b(5)(B)	-791611	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-691611

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		235653
(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)		19143106
c Other income.....	2c		224082
d Total income. Add all income amounts in column (b) and enter total.....	2d		54678706

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34452949	
(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)		34452949
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)	444499	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	365600	
(4) Other	2i(4)	1160	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		811259
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35264208

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19414498
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ 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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

Part I	Distributions
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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	<u>0</u>
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): <u>42-1558009</u>		
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 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
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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
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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: <u>0.0</u> % 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): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

*REPORT OF INDEPENDENT AUDITORS
AND FINANCIAL STATEMENTS
WITH SUPPLEMENTAL SCHEDULE*

FOR

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

December 31, 2016 and 2015

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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, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

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 supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2016, 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 supplemental schedule.

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 supplemental schedule, 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.

A handwritten signature in black ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

Everett, Washington
October 6, 2017

**The Everett Clinic Profit Sharing and 401(k)
Employee Savings Plan and Trust
Statements of Net Assets Available for Benefits**

	December 31,	
	2016	2015
ASSETS		
Investments, at fair value		
Registered investment companies	\$ 321,579,145	\$ 301,748,397
Collective trust	16,361,170	13,755,084
Common stocks	4,770,515	13,175,157
Limited partnerships	14,204,042	13,918,398
Other corporate investments	13,156,246	18,510,366
Real estate	19,400,000	19,300,000
Money market funds	19,863,359	6,506,614
Total investments at fair value	409,334,477	386,914,016
Receivables		
Notes receivable from participants	3,665,993	4,316,608
Redemption receivables	3,486,223	1,843,592
Employer contribution	366,771	4,234,255
Other Receivable	-	16,720
	7,518,987	10,411,175
Cash	477,305	646,476
TOTAL ASSETS	417,330,769	397,971,667
LIABILITIES		
Accrued liabilities	6,037	61,433
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 417,324,732</u>	<u>\$ 397,910,234</u>

**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, 2016**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income (loss)	
Net appreciation in fair value of investments	\$ 22,081,711
Interest	9,823
Dividends	7,753,242
Rent income	1,494,362
Other income	224,082
	<u>31,563,220</u>
Less investment expenses	<u>(365,600)</u>
Net investment gain	<u>31,197,620</u>
Interest income on notes receivable from participants	<u>172,036</u>
Contributions	
Employer	5,540,613
Participants	16,430,414
Rollovers from qualified plans	972,423
	<u>22,943,450</u>
Total additions	<u>54,313,106</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	34,452,949
Professional and administrative expenses	445,659
	<u>34,898,608</u>
Total deductions	<u>34,898,608</u>

CHANGE IN NET ASSETS 19,414,498

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>397,910,234</u>
End of year	<u>\$ 417,324,732</u>

The Everett Clinic Profit Sharing and 401(k) Employee Savings Plan and Trust Notes to Financial Statements

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, PLLC and Everett MSO, Inc. (the Clinic) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Everett Clinic, PLLC 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 IRAs and 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. There were no profit sharing contributions for the year ended December 31, 2016.

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 2016 were \$73,712.

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

Notes to Financial Statements

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 ranging from 4.25 – 4.50%, with various maturities through December 2021. 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 retirement 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.

Investment valuation – 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.

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

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies (continued)

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 6, 2017, which is the date the financial statements are available to be issued.

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.

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

Notes to Financial Statements

Note 3 – Fair Value Measurements (continued)

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, 2016 and 2015.

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.

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 and other corporate investments – Interests are valued at the net asset value practical expedient (NAV practical expedient) based on the Plan's percentage interest in the partnership or the number of shares for corporate investments using estimated fair value as provided by the investment fund 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 considers subscription and redemption rights, including any restrictions on the disposition of the interest in its determination of fair value.

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 the valuation of the investments on a quarterly basis.

Collective trust – Units held in collective trusts (CT) are valued using the NAV practical expedient of the CT as reported by the CT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CT, minus its liabilities, and then divided by the number of units outstanding.

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

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.

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

Notes to Financial Statements

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, 2016 and 2015:

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 321,579,145	\$ -	\$ -	\$ 321,579,145
Stocks	4,770,515	-	-	4,770,515
Money market funds	19,863,359	-	-	19,863,359
Real estate	-	-	19,400,000	19,400,000
Total assets in the fair value hierarchy	<u>\$ 346,213,019</u>	<u>\$ -</u>	<u>\$ 19,400,000</u>	365,613,019
Investments measured at NAV (practical expedient)				<u>43,721,458</u>
Investments at fair value				<u>\$ 409,334,477</u>

Assets at Fair Value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 301,748,397	\$ -	\$ -	\$ 301,748,397
Stocks	13,175,157	-	-	13,175,157
Money market funds	6,506,614	-	-	6,506,614
Real estate	-	-	19,300,000	19,300,000
Total assets in the fair value hierarchy	<u>\$ 321,430,168</u>	<u>\$ -</u>	<u>\$ 19,300,000</u>	340,730,168
Investments measured at NAV (practical expedient)				<u>46,183,848</u>
Investments at fair value				<u>\$ 386,914,016</u>

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	\$ 19,300,000
Unrealized gains	<u>100,000</u>
Balance, end of year	<u>\$ 19,400,000</u>

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.

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

Notes to Financial Statements

Note 3 – Fair Value Measurements (continued)

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	\$ 19,400,000	Market Comparable	Adjustment to appraisal value	N/A

The following tables show the fair value, unfunded commitments, and redemption restrictions for investments reported at the net asset value at December 31, 2016:

	2016	Commitments	Frequency	Period	Restrictions
Certified					
Berens Global Value Fund LP	\$ 4,794,827	None	Annually	90 days	(1)
Rimrock Low Volatility Fund Cayman Fund LTD	7,620,660	None	Quarterly	45 days	(4)
Uncertified					
Castine Partners LP	7,104,941	None	Semi-Annually	45 days	(2)
OHA European Strategic Fund (Offshore) LP	2,304,275	-	3-Year Harvesting	N/A	(5)
Rimrock Low Volatility (QP) Fund Cayman Fund LTD	3,578,268	None	Quarterly	45 days	(4)
The Weatherlow Offshore Fund II	1,957,319	None	Quarterly	65 days	(3)

Investment strategies

1. 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.
2. 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.
3. The Weatherlow Fund II, LTD 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.

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

Notes to Financial Statements

Note 3 – Fair Value Measurements (continued)

4. 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.
5. 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.

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:

	2016	2015
Net assets		
Registered investment companies	\$ 95,203,979	\$ 97,348,624
Common stocks	3,721,047	10,232,347
Limited partnerships	11,079,287	10,809,578
Other corporate investments	10,261,996	14,375,882
Real estate	15,132,183	14,989,142
Money market funds	15,493,607	5,053,294
	<u>\$ 150,892,099</u>	<u>\$ 152,808,867</u>

Components of changes in net assets during the year ended December 31, 2016, are as follows:

Net appreciation in fair value of assets	\$ 8,138,085
Interest	7,654
Dividends	2,137,664
Rent	1,164,334
Other	67,650
Contributions	-
Rollovers	-
Net transfers	1,972,447
Investment and administrative expenses	(387,217)
Distributions to participants	<u>(15,017,385)</u>
	<u>\$ (1,916,768)</u>

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

Notes to Financial Statements

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:

- Certain investments totaling \$394,389,675 and \$367,522,140 and notes receivable from participants totaling \$3,665,993 and \$4,316,608 are reflected on the accompanying statements of net assets available for benefits as of December 31, 2016 and 2015, respectively.
- 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, 2016.
- Investment income reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2016, as follows:

Net appreciation in fair value of investments	\$ 20,062,300
Interest income	9,823
Dividend income	7,753,242
Rent income	1,494,362
Interest income on notes receivable from participants	172,036
Other income	224,082

- Certain investments and notes receivable reflected on the schedule of assets (held at end of year).

During 2016 and 2015, 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 April 6, 2016, 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 Everett Clinic Profit Sharing and 401(k) Employee Savings Plan and Trust Notes to Financial Statements

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 Clinic extended the lease terms on June 1, 2015, for an additional five-year period, beginning July 1, 2016, and expiring June 30, 2021. The rental rate was \$126,066 per month January through June in 2016 and \$122,994 per month July through December in 2016 and \$123,292 per month January through December in 2015.

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 \$102,496 for the year ended December 31, 2016.

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

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**
EIN #: 91-0214500, Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2016

(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
	ACACIA COMMUNICATION	Common Stock	\$ 43,744	\$ 37,606
	AIR TRANS HLDGS INC	Common Stock	42,132	47,018
	AMBARELLA INC	Common Stock	23,921	20,245
	AMG TIMESSQUARE MID CAP GWTH FD INST	Registered Investment Company	8,700,197	9,803,772
	ARTISAN INTERNATIONAL VALUE INSTL	Registered Investment Company	14,986,756	15,059,049
	ASPEN TECHNOLOGY	Common Stock	44,203	61,351
	B M C STOCK HOLDINGS	Common Stock	47,115	45,435
	BANK OF THE OZARKS INC	Common Stock	55,089	73,994
	BEACON ROOFING SUPPLY	Common Stock	45,983	47,775
	BERENS GLOBAL VALUE FUND LP	LTD PARTNERSHIP	3,387,720	4,794,827
	BOX INC	Common Stock	46,383	44,352
	BROADSOFT INC	Common Stock	70,070	73,838
	CALLON PETE CO DEL	Common Stock	49,994	45,157
	CASTINE PARTNERS II, LP	LTD PARTNERSHIP	5,767,625	7,104,941
	CAVIUM INC	Common Stock	38,877	50,576
	CERUS CORP	Common Stock	42,727	31,029
	CEVA INC	Common Stock	32,723	49,889
	CHAMPLAIN SMALL COMPANY FD ADV CL	Registered Investment Company	3,717,342	4,957,960
	COLLEGIUM PHARMACEUT	Common Stock	52,023	44,094
	COMMVAULT SYSTEMS	Common Stock	39,673	47,237
	COUPA SOFTWARE INCOR	Common Stock	47,575	42,192
	COVENANT TRANS GP CL	Common Stock	27,960	27,443
	CRYOLIFE INC	Common Stock	46,816	50,958
	DELAWARE LTD TERM DIVERS	Registered Investment Company	4,390,804	4,294,261
	DELAWARE U.S. GROWTH FD INSTL CL	Registered Investment Company	8,757,669	8,794,718
	DODGE & COX STOCK FUND	Registered Investment Company	9,430,914	10,217,466
	E L F BEAUTY INC	Common Stock	39,698	45,031
	EAGLE PHARMACEUTICAL	Common Stock	44,532	51,968
	ETSY INC	Common Stock	65,339	58,912
	EVERBRIDGE INC.	Common Stock	31,761	39,169
*	EVERETT CLINIC MAIN CAMPUS REAL PROP	Real Estate	7,222,391	19,400,000
	EVOLENT HEALTH INC	Common Stock	58,525	39,768
	EXACT SCIENCES CORP	Common Stock	50,955	38,463
	FABRINET	Common Stock	42,732	47,312
	FCB FINANCIAL HLDGS	Common Stock	36,408	50,228
	FIVE BELOW	Common Stock	47,909	45,554
	FIVE9 INC	Common Stock	29,054	39,320
	FORTERRA INC	Common Stock	43,025	42,562
	GIGAMON INC	Common Stock	44,868	58,532
	GLAUKOS CORP	Common Stock	46,910	47,300
	GLOBANT S A	Common Stock	13,948	18,109
	GRANDEUR PEAK INTL OPPTY INST	Registered Investment Company	12,106,030	12,745,342
	GRANITE CONSTR INC	Common Stock	39,449	43,450
	HOSTESS BRANDS INC	Common Stock	48,586	48,919
	HOTCHKIS & WILEY HIGH YIELD FD CL I	Registered Investment Company	2,705,497	2,633,107
	HOTCHKIS & WILEY MID-CAP VALUE CL I	Registered Investment Company	8,619,455	10,752,575
	HUBSPOT INC	Common Stock	53,910	61,429

**The Everett Clinic Profit Sharing and 401(k)
Employee Savings Plan and Trust**
EIN #: 91-0214500, Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2016

(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
	I C U MEDICAL INC	Common Stock	46,764	47,889
	IMAX CORP	Common Stock	48,784	48,262
	IMPINJ INC	Common Stock	37,812	48,557
	INPHI CORPORATION	Common Stock	39,252	49,974
	INSTALLED BUILDING P	Common Stock	33,798	55,342
	JHANCOCK2 GLBL ABSOL RETURN STRAT I	Registered Investment Company	4,870,132	4,420,624
	JO HAMBRO INTL SELECT FUND CL I	Registered Investment Company	14,028,189	17,259,662
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	38,462	48,562
	K2M GROUP HOLDINGS	Common Stock	47,686	51,423
	KEYW HOLDING CORP	Common Stock	34,838	32,894
	LEGACYTEXAS FINANCAL	Common Stock	47,818	51,715
	LEGG MASON BW ABSOLUTE RTRN OPP I	Registered Investment Company	16,162,468	15,374,798
	LEGG MASON BW GLOBAL OPPS BD I	Registered Investment Company	7,602,371	6,888,927
	LGI HOMES INC	Common Stock	41,551	41,572
	M K S INSTRUMENTS INC	Common Stock	45,256	57,677
	MASTEC INC	Common Stock	35,943	47,583
	MATADOR RESOURCES CO	Common Stock	34,660	34,338
	MEDIADATA SOLUTIONS INC	Common Stock	46,583	44,306
	MELLANOX TECHNOLOGIES LTD	Common Stock	48,674	46,708
	MERCURY COMPUTER SYS INC	Common Stock	42,265	69,415
	MERIT MED SYS INC	Common Stock	43,641	58,751
	METROPOLITAN WEST LOW DURATION BD I	Registered Investment Company	3,034,413	3,012,678
	METROPOLITAN WEST TOTAL RETURN I	Registered Investment Company	13,090,959	12,694,899
	MIMECAST LTD	Common Stock	40,758	36,015
	MONOLITHIC POWER SYS INC	Common Stock	37,695	57,597
	MORLEY STABLE VALUE FD	Common Collective Trust	15,932,088	16,361,170
	MUELLER WATER PRODUCTS	Common Stock	57,740	64,460
	NANOMETRICS INC	Common Stock	24,782	29,646
	NORD ANGLIA EDUCATION INC	Common Stock	48,074	47,043
	NUTANIX INC	Common Stock	25,307	27,596
	NUVASIVE INC NEW	Common Stock	22,047	27,685
	NXSTAGE MEDICAL INC	Common Stock	45,829	48,436
	OBALON THERAPEUTICS INC	Common Stock	27,303	18,311
	OCLARO INC	Common Stock	50,151	51,015
	OHA EUROPEAN STRATEGIC FUND (OFFSHORE), LP	LTD PARTNERSHIP	1,780,205	2,304,275
	OLLIES BARGAIN OUTLE	Common Stock	57,075	54,681
	ORBOTECH LTD	Common Stock	42,122	56,864
	PATHEON N V	Common Stock	49,234	58,425
	PDC ENERGY INC	Common Stock	44,284	43,548
	PENUMBRA INC	Common Stock	46,993	40,449
	PIMCO COMMODITIES PLUS STRAT FD INST	Registered Investment Company	10,442,730	6,947,017
	PLANET FITNESS INC	Common Stock	43,080	50,853
	PRA HEALTH SCIENCES	Common Stock	41,237	53,742
	PRIMORIS SERVICES CO	Common Stock	49,246	47,633
	PRINCIPAL DIVERSIFIED REAL ASSET INS	Registered Investment Company	16,394,242	14,684,620
	PROOFPOINT INC	Common Stock	26,604	40,624
	QUANTENNA COMMUN	Common Stock	20,750	23,315
	RED ROCK RESORTS INC	Common Stock	40,436	48,908
	REPLIGEN CORP	Common Stock	48,438	45,737
	RESOLUTE ENERGY CORP	Common Stock	58,107	58,861
	RIMROCK FUND, LTD. CL A SERIES 1	OTHER CORP INVESTMENT	9,199,298	11,198,928
	RSP PERMIAN INC	Common Stock	35,437	49,439

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

EIN #: 91-0214500, Plan #: 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued) December 31, 2016

(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
	SAGE THERAPEUTICS IN	Common Stock	46,997	51,775
*	SCHWAB GOVERNMENT MONEY FUND (GSP2)	CASH EQUIVALENTS	106,147	106,147
*	SCHWAB GOVERNMENT MONEY+B184 FUND (SWGXX)	CASH EQUIVALENTS	1,056,986	1,056,986
*	SCHWAB GOVT MONEY FD PURCHASED SHARE (SNVX)	CASH EQUIVALENTS	18,700,225	18,700,225
	SCOUT UNCONSTRAINED BOND FD CL I	Registered Investment Company	6,973,122	7,023,577
	SEAFARER OVERSEAS GWTH & INC FD INST	Registered Investment Company	1,764,692	1,764,692
	SEMTECH CORP	Common Stock	24,083	24,893
	SHOPIFY INC	Common Stock	33,462	49,129
	SHUTTERSTOCK INC	Common Stock	68,040	57,404
	SILICON MOTION TECH ADR	Common Stock	45,404	42,862
	SITEONE LANDSCAPE SU	Common Stock	42,599	49,108
	SPECTRANETICS CORP	Common Stock	18,409	24,917
	STERLING BANCORP	Common Stock	39,882	45,443
	SUMMIT MATERIALS	Common Stock	53,844	55,478
	SURGERY PARTNERS INC	Common Stock	55,016	52,495
	SURGICAL CARE AFFILI	Common Stock	17,898	24,431
	SWIFT TRANSPORTATION CO	Common Stock	48,678	48,038
	TAKE-TWO INTERACTV SFTWR	Common Stock	46,699	62,993
	TALEND S A	Common Stock	51,504	46,598
	THE TRADE DESK INC	Common Stock	44,290	49,114
	THE WEATHERLOW OFFSHORE FUND II, LTD	OTHER CORP INVESTMENT	1,838,239	1,957,319
	TRI POINTE HOMES INC	Common Stock	48,402	47,895
	TWILIO INC	Common Stock	61,427	48,122
	U S SILICA HLDGS INC	Common Stock	37,859	54,526
	UNIVERSAL DISPLAY CORP	Common Stock	48,686	44,590
	VANGUARD HEALTH CARE FD ADMIRAL SHS	Registered Investment Company	4,197,553	3,488,739
	VANGUARD INSTITUTIONAL INDEX FUND	Registered Investment Company	37,164,174	48,171,616
	VANGUARD MID CAP INDEX FUND INSTL	Registered Investment Company	7,587,418	8,540,227
	VANGUARD RUSSELL 1000 GRWTH IND INST	Registered Investment Company	5,703,685	5,771,974
	VANGUARD RUSSELL 1000 VAL INDX INSTL	Registered Investment Company	6,123,149	6,471,387
	VANGUARD SHORT TERM INV GRADE INSTL	Registered Investment Company	3,354,891	3,329,543
	VANGUARD SMALL-CAP INDEX INSTL	Registered Investment Company	15,428,598	21,779,592
	VANGUARD TOTAL BD MKT INDEX INSTL SH	Registered Investment Company	22,734,862	22,476,181
	VANGUARD TOTAL INTL STOCK INDEX INST	Registered Investment Company	6,888,728	6,639,409
	VOCERA COMMUNICATION	Common Stock	39,356	46,706
	VULCAN VALUE PARTNERS SMALL CAP FD	Registered Investment Company	4,527,638	5,263,425
	WAGWORKS INC	Common Stock	56,996	72,138
	WCM FOCUSED INTERNATIONAL GROWTH INS	Registered Investment Company	12,823,450	13,720,381
	WEST PHARM SRVC INC	Common Stock	32,082	49,541
	WESTERN ALLIANCE BNC	Common Stock	32,608	49,148
	WHG INCOME OPPTY FD INSTL	Registered Investment Company	1,120,802	1,251,918
	WHG SMALLCAP VALUE INSTL	Registered Investment Company	3,701,563	5,345,010
	WIX COM LTD	Common Stock	50,710	55,688
	YELP INC CLASS A	Common Stock	52,359	48,578
	ZENDESK INC	Common Stock	38,520	36,846
*	Participant Loans, Maturity Date through December 2021	Interest Rate: 4.25% - 4.5%	3,665,993	3,665,993
			<u>\$ 372,158,353</u>	<u>\$ 413,000,479</u>

* Party-in-interest as defined by ERISA

**The Everett Clinic Profit Sharing and 401(k)
Employee Savings Plan and Trust**
EIN #: 91-0214500, Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2016

(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
	ACACIA COMMUNICATION	Common Stock	\$ 43,744	\$ 37,606
	AIR TRANS HLDGS INC	Common Stock	42,132	47,018
	AMBARELLA INC	Common Stock	23,921	20,245
	AMG TIMESSQUARE MID CAP GWTH FD INST	Registered Investment Company	8,700,197	9,803,772
	ARTISAN INTERNATIONAL VALUE INSTL	Registered Investment Company	14,986,756	15,059,049
	ASPEN TECHNOLOGY	Common Stock	44,203	61,351
	B M C STOCK HOLDINGS	Common Stock	47,115	45,435
	BANK OF THE OZARKS INC	Common Stock	55,089	73,994
	BEACON ROOFING SUPPLY	Common Stock	45,983	47,775
	BERENS GLOBAL VALUE FUND LP	LTD PARTNERSHIP	3,387,720	4,794,827
	BOX INC	Common Stock	46,383	44,352
	BROADSOFT INC	Common Stock	70,070	73,838
	CALLON PETE CO DEL	Common Stock	49,994	45,157
	CASTINE PARTNERS II, LP	LTD PARTNERSHIP	5,767,625	7,104,941
	CAVIUM INC	Common Stock	38,877	50,576
	CERUS CORP	Common Stock	42,727	31,029
	CEVA INC	Common Stock	32,723	49,889
	CHAMPLAIN SMALL COMPANY FD ADV CL	Registered Investment Company	3,717,342	4,957,960
	COLLEGIUM PHARMACEUT	Common Stock	52,023	44,094
	COMMVAULT SYSTEMS	Common Stock	39,673	47,237
	COUPA SOFTWARE INCOR	Common Stock	47,575	42,192
	COVENANT TRANS GP CL	Common Stock	27,960	27,443
	CRYOLIFE INC	Common Stock	46,816	50,958
	DELAWARE LTD TERM DIVERS	Registered Investment Company	4,390,804	4,294,261
	DELAWARE U.S. GROWTH FD INSTL CL	Registered Investment Company	8,757,669	8,794,718
	DODGE & COX STOCK FUND	Registered Investment Company	9,430,914	10,217,466
	E L F BEAUTY INC	Common Stock	39,698	45,031
	EAGLE PHARMACEUTICAL	Common Stock	44,532	51,968
	ETSY INC	Common Stock	65,339	58,912
	EVERBRIDGE INC.	Common Stock	31,761	39,169
*	EVERETT CLINIC MAIN CAMPUS REAL PROP	Real Estate	7,222,391	19,400,000
	EVOLENT HEALTH INC	Common Stock	58,525	39,768
	EXACT SCIENCES CORP	Common Stock	50,955	38,463
	FABRINET	Common Stock	42,732	47,312
	FCB FINANCIAL HLDGS	Common Stock	36,408	50,228
	FIVE BELOW	Common Stock	47,909	45,554
	FIVE9 INC	Common Stock	29,054	39,320
	FORTERRA INC	Common Stock	43,025	42,562
	GIGAMON INC	Common Stock	44,868	58,532
	GLAUKOS CORP	Common Stock	46,910	47,300
	GLOBANT S A	Common Stock	13,948	18,109
	GRANDEUR PEAK INTL OPPTY INST	Registered Investment Company	12,106,030	12,745,342
	GRANITE CONSTR INC	Common Stock	39,449	43,450
	HOSTESS BRANDS INC	Common Stock	48,586	48,919
	HOTCHKIS & WILEY HIGH YIELD FD CL I	Registered Investment Company	2,705,497	2,633,107
	HOTCHKIS & WILEY MID-CAP VALUE CL I	Registered Investment Company	8,619,455	10,752,575
	HUBSPOT INC	Common Stock	53,910	61,429

**The Everett Clinic Profit Sharing and 401(k)
Employee Savings Plan and Trust**
EIN #: 91-0214500, Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2016

(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
	I C U MEDICAL INC	Common Stock	46,764	47,889
	IMAX CORP	Common Stock	48,784	48,262
	IMPINJ INC	Common Stock	37,812	48,557
	INPHI CORPORATION	Common Stock	39,252	49,974
	INSTALLED BUILDING P	Common Stock	33,798	55,342
	JHANCOCK2 GLBL ABSOL RETURN STRAT I	Registered Investment Company	4,870,132	4,420,624
	JO HAMBRO INTL SELECT FUND CL I	Registered Investment Company	14,028,189	17,259,662
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	38,462	48,562
	K2M GROUP HOLDINGS	Common Stock	47,686	51,423
	KEYW HOLDING CORP	Common Stock	34,838	32,894
	LEGACYTEXAS FINANCAL	Common Stock	47,818	51,715
	LEGG MASON BW ABSOLUTE RTRN OPP I	Registered Investment Company	16,162,468	15,374,798
	LEGG MASON BW GLOBAL OPPS BD I	Registered Investment Company	7,602,371	6,888,927
	LGI HOMES INC	Common Stock	41,551	41,572
	M K S INSTRUMENTS INC	Common Stock	45,256	57,677
	MASTEC INC	Common Stock	35,943	47,583
	MATADOR RESOURCES CO	Common Stock	34,660	34,338
	MEDIADATA SOLUTIONS INC	Common Stock	46,583	44,306
	MELLANOX TECHNOLOGIES LTD	Common Stock	48,674	46,708
	MERCURY COMPUTER SYS INC	Common Stock	42,265	69,415
	MERIT MED SYS INC	Common Stock	43,641	58,751
	METROPOLITAN WEST LOW DURATION BD I	Registered Investment Company	3,034,413	3,012,678
	METROPOLITAN WEST TOTAL RETURN I	Registered Investment Company	13,090,959	12,694,899
	MIMECAST LTD	Common Stock	40,758	36,015
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	OBALON THERAPEUTICS INC	Common Stock	27,303	18,311
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	ORBOTECH LTD	Common Stock	42,122	56,864
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The Everett Clinic Profit Sharing and 401(k) Employee Savings Plan and Trust

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Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued) December 31, 2016

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*	SCHWAB GOVERNMENT MONEY FUND (GSP2)	CASH EQUIVALENTS	106,147	106,147
*	SCHWAB GOVERNMENT MONEY+B184 FUND (SWGXX)	CASH EQUIVALENTS	1,056,986	1,056,986
*	SCHWAB GOVT MONEY FD PURCHASED SHARE (SNVX)	CASH EQUIVALENTS	18,700,225	18,700,225
	SCOUT UNCONSTRAINED BOND FD CL I	Registered Investment Company	6,973,122	7,023,577
	SEAFARER OVERSEAS GWTH & INC FD INST	Registered Investment Company	1,764,692	1,764,692
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	SHOPIFY INC	Common Stock	33,462	49,129
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	TALEND S A	Common Stock	51,504	46,598
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	VANGUARD HEALTH CARE FD ADMIRAL SHS	Registered Investment Company	4,197,553	3,488,739
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	VANGUARD RUSSELL 1000 VAL INDX INSTL	Registered Investment Company	6,123,149	6,471,387
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	VANGUARD SMALL-CAP INDEX INSTL	Registered Investment Company	15,428,598	21,779,592
	VANGUARD TOTAL BD MKT INDEX INSTL SH	Registered Investment Company	22,734,862	22,476,181
	VANGUARD TOTAL INTL STOCK INDEX INST	Registered Investment Company	6,888,728	6,639,409
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	VULCAN VALUE PARTNERS SMALL CAP FD	Registered Investment Company	4,527,638	5,263,425
	WAGWORKS INC	Common Stock	56,996	72,138
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	ZENDESK INC	Common Stock	38,520	36,846
*	Participant Loans, Maturity Date through December 2021	Interest Rate: 4.25% - 4.5%	3,665,993	3,665,993
			<u>\$ 372,158,353</u>	<u>\$ 413,000,479</u>

* Party-in-interest as defined by ERISA