Form 5500-SF Department of the Treasury Short Form Annual Return/Report of Small Emp Benefit Plan						oyee	MB Nos. 1210-0110 1210-0089		
	nal Revenue Service	This form is required to be filed	d under s	sections 104 and 40				2017	
	Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Pension								
Pension Be		500-SF.							
Part I		dentification Information							
For calenda	ar plan year 2017 or fisc			- ICala I I -		2/31/2017	Line della hora		
A This ret	urn/report is for:	X a single-employer plan	list	of participating emp	n (not multiemployer) ( ployer information in ac		-		
<b>B</b> This retu	rn/report is	a one-participant plan		preign plan					
		the first return/report		final return/report					
-	l	X an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)			
C Check b	box if filing under:	X Form 5558		omatic extension		DFVC p	orogram		
		special extension (enter descrip	. ,						
Part II	Basic Plan Infor	mation—enter all requested info	ormatior	n					
1a Name	•					1b Thre			
MORTON M	EDICAL CENTER, PLL	C 401(K) PROFIT SHARING PLAI	N AND	TRUST		plan (PN)	number	002	
						( )	ctive date of	plan	
22 Diam or	onnoria nome (employ	ar if for a single amplementation)				2h ⊑	01/01/		
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.				ZD Emp (EIN	-	cation Number 61155	
-	EDICAL CENTER, PLL	, country, and ZIP or foreign posta C	al code (	(if foreign, see instru	uctions)	2c Spo	nsor's teleph 360-496-		
						2d Busi	ness code (s	ee instructions)	
P.O. BOX 10 MORTON, W							62111	1	
	A 00000								
3a Plan ad	dministrator's name and	I address 🗙 Same as Plan Spons	sor.			3b Adm	inistrator's E	IN	
						3c Adm	inistrator's te	elephone number	
4 If the r	name and/or EIN of the	plan sponsor or the plan name has	s chang	ed since the last re	turn/report filed for	4b EIN			
this pla	an, enter the plan spons	sor's name, EIN, the plan name an							
a Sponso C Plan N						<b>4d</b> PN			
							I		
5a Total r	number of participants a	t the beginning of the plan year				5a		13	
		t the end of the plan year ccount balances as of the end of th				5b		12	
			•	• • •	-	5c		12	
		cipants at the beginning of the pla				5d(1)		12	
		icipants at the end of the plan year				5d(2)		12	
than '	100% vested	erminated employment during the				5e		0	
		r incomplete filing of this return						bla a Cabadula	
SB or Sche	dule MB completed and	er penalties set forth in the instruct d signed by an enrolled actuary, as							
SIGN	Filed with authorized/v	ete. alid electronic signature.	C	01/16/2019	MARK HANSEN				
HERE	Signature of plan ad			Date	Enter name of individ	ual signing	as plan adm	inistrator	
SIGN	signature er plan du								
HERE	Signature of employ	er/nlan snonsor		Date	Enter name of individ	ual signing	as amployer	or plan spansor	
	Signature of employ	enthight should be		Date	Enter name of individ	uai siyning	as employer	or plan sponsor	

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

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6a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (IC ions.) rm 5500-SF and must instead use	QPA) [ Yes [ No ■ Form 5500							
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)							
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	921671	1412582							
b		7b		10153							
С	Net plan assets (subtract line 7b from line 7a)	7c	921671	1402429							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	31477								
	(2) Participants	8a(2)	61614								
	(3) Others (including rollovers)	8a(3)	257369								

	(2) Participants	8a(2)	61614	
	(3) Others (including rollovers)	8a(3)	257369	
b	Other income (loss)	8b	140236	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		490696
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3595	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	6343	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		9938
i	Net income (loss) (subtract line 8h from line 8c)	8i		480758
j	Transfers to (from) the plan (see instructions)	8j		

## Part IV Plan Characteristics

9a	If the	plan p	provid	les pe	nsion	benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	:
						3D	

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

Part	V Compliance Questions				
10	During the plan year:	Y	es	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	0a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	0b		х	
С	Was the plan covered by a fidelity bond?	0c	<		100920
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	0e		х	
f	Has the plan failed to provide any benefit when due under the plan?	0f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	0g 🗦	<		5936
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	Oi			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	(	DMB Nos 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	d under sections 104 and 4	065 of the Employee R	etirement		2017
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (	(ERISA), and sections 605 Revenue Code (the Code	67(b) and 6058(a) of the e)	Internal		orm is Open to
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	coordance with the instr	uctions to the Form 56	500-SE	Publ	ic Inspection
Part I Annual Report	t Identification Information					
For calendar plan year 2017 or f		01/01/2017	and ending	12/3	1/2017	
A This return/report is for:	X a single-employer plan		an (not multiemployer) ( pployer information in ac			
	a one-participant plan	a foreign plan				
<b>B</b> This return/report is	the first return/report	the final return/report				
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram	
	special extension (enter descri	iption)				
Part II Basic Plan Info	ormation-enter all requested info	ormation				
1a Name of plan				1b Three	-	
MORTON MEDICAL CENTE	CR, PLLC 401(K) PROFIT	SHARING PLAN A	ND TRUST	plan r (PN)	number	1002
				1c Effect		
					1/1989	
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	Box)			oyer Ident 91-056	ification Number
City or town, state or provin Morton Medical Cent	ce, country, and ZIP or foreign posta .er, PLLC	al code (if foreign, see insti	ructions)		sor's teler 496-35	phone number
						(see instructions)
P.O. Box 1099				6211		(300 m30 d0003)
Morton	WA 98356					
3a Plan administrator's name a	and address 🛛 Same as Plan Spon	ISOF.		3b Admir	nistrator's	EIN
				3c Admir	nistrator's	telephone number
4 If the name and/or EIN of th	he plan sponsor or the plan name ha	as changed since the last r	eturn/report filed for	4b EIN		
this plan, enter the plan sp	onsor's name, EIN, the plan name a	and the plan number from t	he last return/report	4d PN		
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>				HU PN		
5a Total number of participant	ts at the beginning of the plan year			5a	/ 1112 We	13
	ts at the end of the plan year			61		12
c Number of participants with	h account balances as of the end of t	the plan year (only defined	d contribution plans	5c		12
	participants at the beginning of the pl			5d(1)		12
( )	participants at the end of the plan year					1:
	terminated employment during the					1.
than 100% vested				5e		(
Under penalties of perjury and on SB or Schedule MB completed	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/re	port, includi	ng, if appl	icable, a Schedule by knowledge and
belief, it is true, correct, and cor	Mh	×1-16-19	Mark Hansen			
HERE Signature of plan	administrator	Date	Enter name of individ	dual signing :	as plan ac	Iministrator
SIGN X Mg	munpo	×3.12.19	Merrell Coope			
UEDE /	loyer/plan sponsor	Date	Enter name of individ		as employ	er or plan sponsor
	tice, see the Instructions for Form 5500			zour organity i		Form 5500-SF (2017) v 170203

v 170203

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

7			(a) Beginning o	f Year			(b) End of Year
	Plan Assets and Liabilities	7-		921,6	571		1,412,582
<u>a</u>	Total plan assets	7a 7b					10,153
b	Total plan liabilities			921,6	571		1,402,429
	Net plan assets (subtract line 7b from line 7a)	7c			571		(b) Total
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				
a	(1) Employers	8a(1)		31,4			
	(2) Participants	8a(2)		61,6	_		
	(3) Others (including rollovers)	8a(3)	4	257,3	369		
b	Other income (loss)	8b		140,2	236		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					490,696
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3,	595		
8	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g		6,3	343		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9,938
i	Net income (loss) (subtract line 8h from line 8c)	81					480,758
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics	<u> </u>					
b	2E       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare to the applicable welfare	eature cod	es from the List of Plar	n Chara	acteris	ic Codes in	the instructions:
					Yes	No	Amount
10 8	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	√oluntary F	iduciary Correction	10a		x	Amount
1	<ul> <li>Were there any nonexempt transactions with any party-in-interes reported on line 10a.)</li> </ul>	t? (Do not i	include transactions	10b		х	
c	Was the plan covered by a fidelity bond?			10c	Х		100,920
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, lhat was caused	10d		х	
	<ul> <li>Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.).</li> </ul>	ne or all of	the benefits under	10e		x	
1	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х	
-	J Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	ənd.)	10g	X		5,936
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require 01-3	d notice or one of the	10i			

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at (Form 5500) and line 11a below)					Yes	No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0	11a	9			_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?	e Code or section	n 302	of			Yes	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month	d ente D	er th Jay	e dale	of the le Yea	tter r r	uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ine 13.		_				
b	Enter the minimum required contribution for this plan year		126					
с	Enter the amount contributed by the employer to the plan for this plan year		120	:				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		120			_		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			[	Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b control of the PBGC?		Yes X No				No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), is which assets or liabilities were transferred. (See instructions.)	dentify the plan(s	) to					
	13c(1) Name of plan(s):	13c(2)	EIN(	s)		130	c(3) F	PN(s)