For	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury rnal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2018		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the I		This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	uctions to the Form 55	00-SF.	Public Inspection		
Part I		dentification Information						
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/20			/31/2018			
A This ret	turn/report is for:	X a single-employer plan	list of participating em	· · · · · ·		king this box must attach a ith the form instructions.)		
D This wet	urn/report is	a one-participant plan	a foreign plan					
	um/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
		special extension (enter descri	ption)					
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name	•				1b Three			
JLP MEDIC/	AL BILLING SPECIALIS	STS, LLC 401(K) PLAN			pian (PN)	number 001		
					1c Effect	tive date of plan		
2a Plans	ponsor's name (employ	ver, if for a single-employer plan)			2b Empl	01/01/2007 oyer Identification Number		
Mailing	g address (include roon	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		uctions)	(EIN)	-		
-	AL BILLING SPECIALIS		n code (in foreign, see instr		2c Spor	nsor's telephone number 425-216-7280		
					2d Busir	ness code (see instructions)		
625 - 4TH AV KIRKLAND,	VE., SUITE 303 WA 98033					541219		
3a Plan a	dministrator's name an	d address 🗙 Same as Plan Spon	sor.		3b Admi	nistrator's EIN		
				-	3c Administrator's telephone number			
		plan sponsor or the plan name has			4b EIN			
•	lan, enter the plan spor or's name	isor's name, EIN, the plan name ar	nd the plan number from th	e last return/report.	4d PN			
C Plan N								
_		at the beginning of the plan year			5a 5b	5		
		at the end of the plan year account balances as of the end of th				6		
comp	lete this item)			· · · · · · · · · · · · · · · · · · ·	5c			
		ticipants at the beginning of the pla			5d(1)	5		
• •		ticipants at the end of the plan yea terminated employment during the			5d(2)	6		
than	100% vested		• •		5e	0		
		or incomplete filing of this return, her penalties set forth in the instruct						
SB or Sche		d signed by an enrolled actuary, as						
SIGN		valid electronic signature.	06/21/2019	JANET L. JORDAN				
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	al signing	as plan administrator		
SIGN								
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor		

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

Form 5500-SF (2018) v.171027 e Certain deemed and/or corrective distributions (see instructions) .

f Administrative service providers (salaries, fees, commissions)

g Other expenses.....

h Total expenses (add lines 8d, 8e, 8f, and 8g)

i Net income (loss) (subtract line 8h from line 8c)

Part IV Plan Characteristics

Transfers to (from) the plan (see instructions).....

j

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes No				
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead use	e Form 5500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	Yes No Not determined				
	If "Yes" is checked, enter the My PAA confirmation number from th							
			<u> </u>					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	130850	149284				
b	Total plan liabilities	7b		2000				
C	Net plan assets (subtract line 7b from line 7a)	7c	130850	147284				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from:							
	(1) Employers	8a(1)	6495					
	(2) Participants	8a(2)	18705					
	(3) Others (including rollovers)	8a(3)						
b		8b	-5503					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		19697				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2875					

8e

8f

8g

8h

8i

8j

388

3263 16434

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Pla $2E$ 2G 2J $2T$ 3D	an Chai	racteris	stic Cod	les in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	n Chara	acterist	ic Code	s in the instructions:
Part	V Compliance Questions				
10	During the plan year:		Yes	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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
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.).	10e	X		162
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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	10i			

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Part	VI	Pension Funding Compliance						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Ann	ual Return/Repo Benefit Plan	rt of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service Decetiment of Labor	This form is required to be fi	iled under sections 104 and	4065 of the Employee Bat	irement	2018
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Co	de).		This Form is Open to Public Inspection
Part I Annual Repor	t Identification Informatio	n accordance with the ins	tructions to the Form 550	0-SF.	
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	10/2	1 /0.01.0
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) (Fil mployer information in acco	ers check	1/2018 ting this box must attach a
B This return/report is	a one-participant plan	a foreign plan		nuance w	in ne ion instructions.)
	the first return/report	the final retum/report			
C Check box if filing under	an amended return/report	🗌 a short plan year retu	im/report (less than 12 mon	ths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
Part II Basic Plan Info	special extension (enter desc	cription)			
1a Name of plan	ormation—enter all requested in	nformation			
	ING SPECIALISTS, LLC	401(K) PLAN	1		umber
				(PN)	
			1	C Effect	ive date of plan 01/2007
wanning address (Include roo	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.(O. Box)	2	b Emplo	yer Identification Number
ony or town, state or proving	CRE, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions) 2	c Spon	20-2056712 sor's telephone number
625 - 4TH AVE., S	SUITE 303		2		- 216 - 7280 ess code (see instructions)
KIRKLAND	WA 9803	23			
3a Plan administrator's name ar	nd address X Same as Plan Spo			5412	
	a doness ki baine as rian Spol	nsor.	3	b Admin	istrator's EIN
			3	c Admin	istrator's telephone number
4 If the name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last			
this plan, enter the plan spor a Sponsor's name	nsor's name, EIN, the plan name a	ind the plan number from t	ne last return/report.	b EIN	
C Plan Name			4	d PN	
a Total number of participants	at the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5a	
b rotal number of participants :	at the end of the plan year			5b	
 Municer of participants with a 	iccount balances as of the end of t	ha blan vaan (s. b. d. C		5c	
u(1) Fotal number of active part	licipants at the beginning of the pla	an year		d(1)	
u(2) Total number of active part	licipants at the end of the plan yea	۲	5	d(2)	
than 100% vested	erminated employment during the	plan year with accrued be	nefits that were less	5e	
				is establ	ished.
B or Schedule MB completed and lief, it is true, correct, and compl	signed by an enrolled actuant or	tions, I declare that I have s well as the electronic ver	examined this return/report sion of this return/report, an	, including d to the b	, if applicable, a Schedule best of my knowledge and
GN	······································		Janet L. Jordan		
ERE		I	oanet 1. Joraan		

HERE		Sance H. Soldan
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		and a start a star
Signature of employer/plan sponsor	Date	Entor name of individual start
For Paperwork Reduction Act Notice, see the Instructions for Form FEAD OF	_ Date	Enter name of individual signing as employer or plan sponsor

ce, see the instructions for Form 5500-SF.

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Dage	2

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63	 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and an elig 	ible assets	? (See instructions.)		·····				X Yes 🗌	No
ľ										140
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can								X Yes 🗌	No
c	If the plan is a defined benefit plan is it covered under the DBCC	not use r	orm 5500-SF and m	ust inst	ead u	se For	m 5500.	_		
	If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from the	insurance	program (see ERISA	section	4021)	?	Yes [] M		vot determir	
1	If "Yes" is checked, enter the My PAA confirmation number from t	ine PBGC	premium filing for this	s plan ye	ear			(Se	e instruction	ns.)
H	art III Financial Information									
	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar	T	(b) E	ind of Y		
<u>a</u>		. 7a	1		,850	<u> </u>			149,	201
b		. 7b								
<u> </u>		. 7c		130	,850					000
_8	Income, Expenses, and Transfers for this Plan Year	122223	(a) Amo		,				147,	284
a	Contributions received or receivable from:			um			(b) Total	<u> </u>	
	(1) Employers	. 8a(1)		6	,495					
••••	(2) Participants	. 8a(2)		18	,705		Ng Baki			
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	86		-5	,503					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			a a se				10	
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			2,	. 875				19,	697
e	Certain deemed and/or corrective distributions (see instructions)	8e				an an Araba Ar Araba				
f	Administrative service providers (salaries, fees, commissions)	8f		,	388			n in the second s		
g	Other expenses				200			4) - 4 - 1 		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		a an		(Cliff) (·		·
i	Net income (loss) (subtract line 8h from line 8c)	8i								263
j	Transfers to (from) the plan (see instructions)		an a	<u>() set se s</u>					16,	434
	t IV Plan Characteristics	8j]	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999				
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D	feature co	des from the List of F	lan Cha	racter	istic Co	des in the i	nstructio	ns:	
	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	an Char	acteris	tic Coo	les in the ins	struction	5.'	
Part										<u> </u>
10	During the plan year:				·····	T				
а	Was there a failure to transmit to the plan any participant contribut				Yes	No		Amou	nt	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	Alunton, Ci	dualant Original Marine			x				
b	THOSE MERE any HUBERELIDL LARSACTIONS with any party in interact		a - 1 1	. 10a	<u> </u>					
	reported on line 10a.)		iciude transactions	105	ĺ	х				
C	Was the plan covered by a fidelity bond?			10c	x		· · · · · · · · · · · · · · · · · · ·	····	20,0	000
	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	fidelity bon	d, that was caused			х				
	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance		x					.62
f	Has the plan failed to provide any benefit when due under the plan	?		106		х				
				I IVI		- ××				

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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

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Part VI Pension Funding Compliance					
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500) and line 11a below). 	nd complete Sc	hedule S	ŝB		Yes 🗍
The Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0			ł	
ERISA?			lf		Yes X
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	instructions, an	d enter	the date of		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	Month	Da	у	Year	
b Enter the minimum required contribution for this plan year	10 13.	12b	T		
C Enter the amount contributed by the employer to the plan for this plan year		12c	<u> </u>		
 d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the mount) Will the minimum function 		120 12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
art VII Plan Terminations and Transfers of Assets		<u>. </u>			
13a Has a resolution to terminate the plan been adopted in any plan year?		Γ	☐ Yes	X I	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			No
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?	ought under the		Г	Yes [X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred.	entify the plan(s) to	[<u> </u>
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
					0/110(0/
	-				
