For	m 5500-SF	Short Form Annua	OMB Nos. 121 121					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	etirement	2018		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the) of the Internal This Form is O			
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection		
Part I		dentification Information						
For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/20			2/31/2018			
A This ret	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)		
B This rote	urn/report is	a one-participant plan	a foreign plan					
			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:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descrip	tion)					
Part II	Basic Plan Infor	mation—enter all requested infor	mation					
1a Name	•				1b Three	0		
MORTON M	IORTON MEDICAL CENTER, PLLC 401(K) PROFIT SHARING PLAN AND TRUST					number 002		
			1c Effect	tive date of plan				
2a Plan si	ponsor's name (employ	er, if for a single-employer plan)			2h Empl	01/01/1989 oyer Identification Number		
Mailing	Mailing address (include room, apt., suite no. and street, or P.O. Box)				(EIN) 91-0561155			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MORTON MEDICAL CENTER, PLLC					2c Sponsor's telephone number 360-496-3563		
					2d Business code (see instructions)			
P.O. BOX 10 MORTON, W					621111			
3a Plan a	dministrator's name and	d address X Same as Plan Spons	or.		3b Administrator's EIN			
					3c Administrator's telephone number			
		plan sponsor or the plan name has			4b EIN			
•	an, enter the plan spon or's name	sor's name, EIN, the plan name and	the plan number from th	ne last return/report.	4d PN			
C Plan N								
_		at the beginning of the plan year			5a 5b	12		
		at the end of the plan year ccount balances as of the end of the				12		
compl	lete this item)				5c	12		
		ticipants at the beginning of the plan	-	-	5d(1)	12		
		ticipants at the end of the plan year rerminated employment during the p			5d(2)	12		
than	100% vested		-		5e	0		
		r incomplete filing of this return/r er penalties set forth in the instruction						
SB or Sche		d signed by an enrolled actuary, as						
SIGN		valid electronic signature.	07/09/2019	MARK HANSEN				
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signing	as plan administrator		
SIGN								
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor		

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

Form 5500-SF (2018) v.171027

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? if "Yes" is checked, enter the My PAA confirmation number from the PBGC premium 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						
	Total plan assets	7a	1412582	1371764						
b	Total plan liabilities	7b	10153	10000						
С	Net plan assets (subtract line 7b from line 7a)	7c	1402429	1361764						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	29404							
	(2) Participants	8a(2)	48436							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-99515							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-21675						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10000							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	8990							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18990						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-40665						
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	· · ·								

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 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:				No	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х	
С	Was	s the plan covered by a fidelity bond?	10c	Х		140243
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х	
e	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e		Х	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		60840
h	2520	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		Х	
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a 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 le granting the waiver								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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× 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)

For	m 5500-SF	Short Form Annu	-		oyee	OMB Nos. 12 12	210-0110 210-0089		
	ment of the Treasury al Revenue Service	This form is required to be file	Benefit Pla d under sections 104 a	nd 4065 of the Employee R	Retirement	2018			
	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections Revenue Code (the (6057(b) and 6058(a) of the	he Internal This Form is Open Public Inspection				
Pension Ber	nefit Guaranty Corporation	► Complete all entries in a	accordance with the	instructions to the Form 5	500-SF.				
Part I	Annual Report I	dentification Information							
For calenda	ar plan year 2018 or fis	cal plan year beginning	01/01/2018	and ending		31/2018	_		
A This retu	urn/report is for:	X a single-employer plan	list of participatin	er plan (not multiemployer) g employer information in a	(Filers check ccordance w	king this box must atta ith the form instructio	ach a ns.)		
		a one-participant plan	a foreign plan						
B This retu	irn/report is	the first return/report	the final return/re	port					
		an amended return/report	🗌 a short plan year	return/report (less than 12 n	nonths)				
Check t	box if filing under:	Form 5558	automatic extens	ion	DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Infor	mation—enter all requested in	formation						
1a Name					1b Thre	· ·			
		NTER, PLLC 401(K) PR	OFIT SHARING	PLAN AND TRUST	1	number 002			
					(PN)	tive date of plan			
						01/1989			
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)			loyer Identification Nu 91-0561155	umber		
City or	town, state or province on Medical Ce	e, country, and ZIP or foreign post	tal code (if foreign, see	instructions)	2c Spor	nsor's telephone num	ber		
						360-496-3563 2d Business code (see instructions)			
P.O.	Box 1099				EU DUSI		000137		
Mort	on	WA 983	56		601	.111			
		172000211				.⊥⊥⊥ inistrator's EIN			
Ja Plan a	dministrator's name an	d address 🛛 Same as Plan Spo	insor,		JD Aum				
					3c Adm	inistrator's telephone	number		
4 If the r	name and/or EIN of the	plan sponsor or the plan name h	has changed since the	last return/report filed for	4b EIN				
this pl a Spons	an, enter the plan spor or's name	plan sponsor or the plan name h nsor's name, EIN, the plan name	has changed since the and the plan number f	last return/report filed for om the last return/report.	4b EIN 4d PN				
this pl	an, enter the plan spor or's name	plan sponsor or the plan name h sor's name, EIN, the plan name	nas changed since the and the plan number f	last return/report filed for rom the last return/report.					
this pl a Spons c Plan N	lan, enter the plan spor or's name lame	nsor's name, EIN, the plan name	and the plan number f	rom the last return/report.	4d PN		1		
this pl a Spons c Plan N 5a Total I	lan, enter the plan spor or's name lame number of participants	nsor's name, EIN, the plan name at the beginning of the plan year	and the plan number f	rom the last return/report.	4d PN				
this pl a Spons c Plan N 5a Total I b Total I c Numb	an, enter the plan spor or's name lame number of participants number of participants wer of participants with a	at the beginning of the plan year at the end of the plan year account balances as of the end of	and the plan number f	rom the last return/report.	4d PN 5a 5b 5c		1		
this pl a Spons c Plan N 5a Total I b Total I c Numb comp	an, enter the plan spor or's name lame number of participants number of participants wer of participants with lete this item)	nsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year	and the plan number f	om the last return/report.	4d PN 5a 5b 5c		1		
this pl a Spons c Plan N 5a Total of b Total c Numb comp d(1) Tot	an, enter the plan spor or's name lame number of participants number of participants wer of participants with a lete this item) al number of active participants	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of	and the plan number f	rom the last return/report.	4d PN 5a 5b 5c 5d(1)		1		
this pl a Spons c Plan N 5a Total f b Total f c Numb comp d(1) Tot d(2) Tot e Numb	an, enter the plan spor or's name lame number of participants number of participants with a lete this item) al number of active participants who	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan year terminated employment during the	and the plan number f f the plan year (only de plan year ear he plan year with accru	rom the last return/report. fined contribution plans ed benefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e		1		
this pl a Spons c Plan N 5a Total of b Total of c Numb comp d(1) Tot d(2) Tot e Numt than	an, enter the plan spor or's name lame number of participants number of participants wer of participants with a lete this item) al number of active participants who tal number of active participants who 100% vested	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan year terminated employment during th	and the plan number f f the plan year (only de plan year ear ne plan year with accru	rom the last return/report. Ifined contribution plans red benefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e	ablished.	1 1 1 1 1		
this pl a Spons c Plan N 5a Total i b Total i c Numb comp d(1) Tot d(2) Tot e Numt than Caution: A Under pen SB or Sche	an, enter the plan spor or's name lame number of participants number of participants wer of participants with lete this item) al number of active pa ber of participants who 100% vested A penalty for the late alties of perjury and ot edule MB completed an	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan ye terminated employment during the or incomplete filing of this return her penalties set forth in the instru-	and the plan number f f the plan year (only de plan year ear ne plan year with accru rn/report will be asse uctions. I declare that I	rom the last return/report. fined contribution plans red benefits that were less ssed unless reasonable c have examined this return/	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ	ling, if applicable, a S	1 1 1 1 schedule		
this pl a Spons c Plan N 5a Total n b Total n c Numb comp d(1) Tot d(2) Tot e Numt than Caution: A Under pen SB or Sche belief, it is	an, enter the plan spor or's name lame number of participants number of participants or of participants with lete this item) al number of active participants who cal number of active participants who 100% vested	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan ye terminated employment during the or incomplete filing of this return her penalties set forth in the instru-	and the plan number f f the plan year (only de plan year ear ne plan year with accru rn/report will be asse uctions, I declare that I as well as the electron	rom the last return/report. fined contribution plans red benefits that were less ssed unless reasonable c have examined this return/	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ	ling, if applicable, a S	1 1 1 1 schedule		
this pl a Spons C Plan N 5a Total n b Total n C Numb comp d(1) Tot d(2) Tot e Numt than Caution: A Under pen SB or Sche belief, it is SIGN	an, enter the plan spor or's name lame number of participants number of participants number of participants with a lete this item) al number of active participants who al number of active participants who 100% vested	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan year terminated employment during the penalties set forth in the instru- her penalties set forth in the instru- her senalties set forth in the instru- her senalties with the se	and the plan number f f the plan year (only de plan year he plan year with accru rn/report will be asse Juctions, I declare that I as well as the electron	om the last return/report. fined contribution plans ed benefits that were less ssed unless reasonable c have examined this return/ nic version of this return/rep Mark Hansen	4d PN 5a 5b 5c 5d(1) 5d(2) 5e report, includ ort, and to the	ling, if applicable, a S le best of my knowled	1 1 1 schedule ige and		
this pl a Spons C Plan N 5a Total n b Total n C Numb comp d(1) Tot d(2) Tot e Numt than Caution: A Under pen SB or Sche belief, it is SIGN HERE	an, enter the plan spor or's name lame number of participants number of participants wer of participants with lete this item) al number of active pa ber of participants who 100% vested A penalty for the late alties of perjury and ot edule MB completed an	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan year terminated employment during the penalties set forth in the instru- her penalties set forth in the instru- her senalties set forth in the instru- her senalties with the se	and the plan number f f the plan year (only de plan year ear ne plan year with accru rn/report will be asse uctions, I declare that I as well as the electron TiG IG Date	rom the last return/report. fined contribution plans red benefits that were less ssed unless reasonable of have examined this return/rep Mark Hansen Enter name of indiv	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ ort, and to the	ling, if applicable, a S	1 1 1 schedule ige and		
this pl a Spons C Plan N 5a Total n b Total n C Numb comp d(1) Tot d(2) Tot e Numt than Caution: A Under pen SB or Sche belief, it is SIGN	an, enter the plan spor or's name lame number of participants number of participants number of participants with a lete this item) al number of active participants who al number of active participants who 100% vested	at the beginning of the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan year terminated employment during the princomplete filing of this returned be penalties set forth in the instru- ned signed by an enrolled actuary, plete.	and the plan number f f the plan year (only de plan year he plan year with accru rn/report will be asse Juctions, I declare that I as well as the electron	om the last return/report. fined contribution plans ed benefits that were less ssed unless reasonable c have examined this return/ nic version of this return/rep Mark Hansen Enter name of indiv Merrell Coop	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ ort, and to the ridual signing er	ling, if applicable, a S le best of my knowled	1 1 1 ichedule Ige and r		

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
	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)? 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.)

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year	
а	Total plan assets	7a	1,4	112,5	582		1,373	1,764
b	Total plan liabilities	7b		10,1	.53		10	0,000
с	Net plan assets (subtract line 7b from line 7a)	7c	1,4	1,402,429			1,363	1,764
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:			29,4	104			
	(1) Employers	8a(1)		48,4	-	-		
	(2) Participants	8a(2)		40,4	±30	-		
	(3) Others (including rollovers)	8a(3)		0.0	- 1 -	-		
	Other income (loss)	8b		-99,5	512		2.	1 675
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_	-	_	- 2	1,675
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10,	000	<u> </u>		
е	Certain deemed and/or corrective distributions (see instructions)	8e			_	_		
f	Administrative service providers (salaries, fees, commissions)	8f		8,	990	-		
g	Other expenses	8g			_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8,990
i	Net income (loss) (subtract line 8h from line 8c)	8i		_			- 4	0,665
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions	eature cod	es from the List of Plar	n Chara	acteris	tic Codes	in the instructions:	
				_	Yes	No	Amount	
	 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 	/oluntary F t? (Do not	include transactions	10a 10b		x x	Anoun	
	Was the plan covered by a fidelity bond?			10c	x	-	14	0,243
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
_	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		x		
1	Has the plan failed to provide any benefit when due under the pla	an?		10f		X		
	J Did the plan have any participant loans? (If "Yes," enter amount a			10g	X		6	0,840
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x		
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i				

Part	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)				Y	es 🗌 No			
11a	Enter 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?								
а	 a 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 letter ruling granting the waiver. 								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	9 13.							
b	Enter the minimum required contribution for this plan year		12b						
	Enter the amount contributed by the employer to the plan for this plan year		12c						
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A			
Part	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		1	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 bro control of the PBGC?			[[Yes 🛛	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s)) to						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)				