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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1955

2a Plan sponsor's name (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)
THE EVERETT CLINIC, PLLC

3901 HOYT AVENUE
EVERETT, WA 98201-4988

2b Employer Identification Number (EIN)
91-0214500

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

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	BETSY SUYDAM
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	3229
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2499
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2602
b Retired or separated participants receiving benefits	**6b**	35
c Other retired or separated participants entitled to future benefits	**6c**	633
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3270
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	3272
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2460
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

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

OAK HILL ADVISORS, LP

1114 AVENUE OF THE AMERICAS,27TH FL
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

EVANSTON CAPITAL MANAGEMENT

1560 SHERMAN AVE., SUITE 960
EVANSTON, IL 60201

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

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(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	270000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRAUTMANN MAHER & ASSOCIATES, INC.

91-1526584

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 60 64 65	NONE	207330	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 59	NONE	103835	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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	50000	Yes [ ] No [X]	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	37346	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	34395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	24699	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CB RICHARD ELLIS

95-2743174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
34	NONE	9000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	12402285

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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	640505	109961
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	589180	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	3889783	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1399206	14570514
(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)	4154832	1239788
(5) Partnership/joint venture interests	1c(5)	1860048	1177983
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3547168	2935170
(9) Value of interest in common/collective trusts	1c(9)	13445907	12402285
(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)	347364063	241337203
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10055593	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)	20800000	21100000
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	407746285	294872904
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	407746285	294872904

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	106226	
	(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)	159178	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		265404
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	13816	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	13153053	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13166869
	(3) Rents	2b(3)		1526114
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18507279	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17594165	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		913114
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	300000	
	(B) Other	2b(5)(B)	-901746	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-601746

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		257594
(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)		-33133870
c Other income	2c		237025
d Total income. Add all **income** amounts in column (b) and enter total	2d		-17369496
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	94780980	
(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)		94780980
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)	418510	
(2) Contract administrator fees	2i(2)	304395	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		722905
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		95503885
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-112873381
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:

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

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

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

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.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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 Distributions

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

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

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

EIN(s): 42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

REPORT OF INDEPENDENT AUDITORS
AND FINANCIAL STATEMENTS
WITH SUPPLEMENTAL SCHEDULE

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

December 31, 2018 and 2017

MOSSADAMS

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MOSSADAMS

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, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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, 2018 and 2017, and for the year ended December 31, 2018, 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, 2018, 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.

Moss Adams LLP

Everett, Washington
October 8, 2019, 2019

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

	December 31, 2018	December 31, 2017
ASSETS		
Investments, at fair value		
Registered investment companies	$ 241,337,203	$ 347,364,063
Collective trust	12,402,285	13,445,907
Common stocks	1,239,788	4,154,832
Limited partnership	1,177,983	1,860,048
Other corporate investments	-	10,055,593
Real estate	21,100,000	20,800,000
Money market funds	14,570,514	1,399,206
Total investments at fair value	291,827,773	399,079,649
Receivables		
Notes receivable from participants	2,935,169	3,547,168
Redemption receivables	-	3,889,783
Employer contribution	-	589,180
	2,935,169	8,026,131
Cash	109,961	640,505
NET ASSETS AVAILABLE FOR BENEFITS	$ 294,872,903	$ 407,746,285

See accompanying notes.

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

	Year Ended December 31, 2018
ADDITIONS (SUBTRACTIONS) TO NET ASSETS ATTRIBUTED TO	
Investment income (loss)	
Net depreciation in fair value of investments	$ (32,564,906)
Interest	106,226
Dividends	13,166,869
Rent income	1,526,114
Other income	237,023
	(17,528,674)
Less investment expenses	(418,510)
Net investment loss	(17,947,184)
Interest income on notes receivable from participants	159,177
Total additions	(17,788,007)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	94,780,980
Professional and administrative expenses	304,395
Total deductions	95,085,375
CHANGE IN NET ASSETS	(112,873,382)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	407,746,285
End of year	$ 294,872,903

See accompanying notes.

Note 1 – Description of the Plan

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

General – The Plan is a 401(k) salary deferral and profit sharing plan covering substantially all employees of The Everett Clinic, 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.

Plan freeze – As of December 31, 2017, the Plan was frozen. It will continue to operate as a frozen Plan until the assets are in a form that can be readily liquidated and distributed. As of December 31, 2017, all participants in the Plan were 100% vested in their respective account balances, rollovers are no longer being accepted, and the Clinic will not make any further contributions to the Plan. As a result, there were no forfeitures applied in 2018.

Participant accounts – Each participant's account is credited with the 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 historical contributions into various investment options offered by the Plan.

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% to 6.25%, with various maturities through December 2023. 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 59½, 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 accordance 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 depreciation in fair value of investments consists of both the realized gains and losses and unrealized net depreciation of those investments.

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

Payment of benefits – Benefits are recorded when paid.

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

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

The Plan has evaluated subsequent events through October 8, 2019, 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.

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, 2018 and 2017.

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 funds – A public investment vehicle valued using $1 for the NAV.

Note 3 – Fair Value Measurements (continued)

Limited partnerships 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 trust (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.

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, 2018 and 2017:

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 241,337,203	$ -	$ -	$ 241,337,203
Stocks	1,239,788	-	-	1,239,788
Money market funds	14,570,514	-	-	14,570,514
Real estate	-	-	21,100,000	21,100,000
Total assets in the fair value hierarchy	$ 257,147,505	$ -	$ 21,100,000	278,247,505
Investments measured at NAV (practical expedient)				13,580,268
Investments at fair value				$ 291,827,773

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 347,364,063	$ -	$ -	$ 347,364,063
Stocks	4,154,832	-	-	4,154,832
Money market funds	1,399,206	-	-	1,399,206
Real estate	-	-	20,800,000	20,800,000
Total assets in the fair value hierarchy	$ 352,918,101	$ -	$ 20,800,000	373,718,101
Investments measured at NAV (practical expedient)				25,361,548
Investments at fair value				$ 399,079,649

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	$ 20,800,000
Unrealized gains	300,000
Balance, end of year	$ 21,100,000

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

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	$ 21,100,000	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, 2018:

	Fair Value at December 31, 2018	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Strategies and Other Restrictions
Certified					
Morley Stable Value	$ 12,402,285	-	Monthly	12 Month	(1)
Uncertified					
OHA European Strategic Fund (Offshore) LP	$ 1,177,983	-	3-Year Harvesting	N/A	(2)

Investment strategies

1. The Morley Stable Value Fund is a collective investment trust established January 1, 1993. The Fund is managed and trusteed by Union Bond & Trust Company, pursuant to an Amended and Restated Declaration of Trust effective as of May 1, 2012. The Trustee uses an affiliated investment advisor, Morley Capital Management, Inc. to assist it in the management of the Fund assets. The Fund invests primarily in a variety of high quality Stable Value Investment Contracts, as well as cash and cash equivalents. It is intended that the Fund's Stable Value Investment contracts will maintain a minimum weighted average credit quality rating of A or better. The underlying fixed income securities must be rated investment grade and meet issuer diversification guidelines. The duration of the Fund will not exceed 4 years.

2. 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:

	2018	2017
Net assets		
Registered investment companies	$ 53,540,489	$ 95,365,116
Common stocks	992,656	3,230,082
Limited partnerships	943,171	1,446,053
Other corporate investments	-	7,817,497
Real estate	16,894,053	16,170,497
Money market funds	11,666,116	1,087,781
	$ 84,036,484	$ 125,117,026

Components of changes in net assets during the year ended December 31, 2018, are as follows:

Net depreciation in fair value of assets	$ (8,724,794)
Interest	87,719
Dividends	3,480,030
Rent	1,260,236
Other	72,884
Net transfers	3,688,550
Investment and administrative expenses	(308,891)
Distributions to participants	(40,636,276)
	$ (41,080,542)

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 $290,649,791 and $395,153,246 are reflected on the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017, respectively.

- Investment income reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2018, as follows:

Net depreciation in fair value of investments	$ (32,535,644)
Interest income	106,226
Dividend income	13,166,869
Rent income	1,526,114
Other income	237,023

Note 5 – Investments Certified by Plan Custodian (continued)

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

During 2018 and 2017, the Plan held alternative investments outside of The Charles Schwab Bank. These amounts were not certified by The Charles Schwab Trust Company. At December 31, 2018, the OHA European Strategic Fund partnership in Note 3 was not certified by The Charles Schwab Trust Company.

Note 6 – Tax Status

The Internal Revenue Service has determined and informed the Clinic by a letter dated May 16, 2017, 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.

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 $125,761 per month January through June, 2018, and $128,591 per month July through December, 2018.

Note 7 – Party-in-Interest Transactions (continued)

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 $103,835 for the year ended December 31, 2018.

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

As the Plan is frozen as of December 31, 2017 (Note 1), all participant accounts are fully vested. It will continue to operate as a frozen Plan until the assets are in a form that can be readily liquidated and distributed.

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, 2018

(a) *	(b) Identity of Issue, 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
	8X8 INC NEW	COMMON STOCK	$ 14,091	$ 13,746
	AEROJET ROCKETDYNE H	COMMON STOCK	6,027	7,398
	AIR TRANS HLDGS INC	COMMON STOCK	12,842	16,035
	ALTERYX INC	COMMON STOCK	4,596	8,088
	AMERN EAGLE OUTFITRS INC	COMMON STOCK	18,090	15,000
	AMG TIMESSQUARE MID CAP GWTH FD Z	REGISTERED INVESTMENT COMPANY	7,972,481	7,558,752
	APPFOLIO INC	COMMON STOCK	21,370	21,142
	ARTISAN INTERNATIONAL VALUE INSTL	REGISTERED INVESTMENT COMPANY	11,877,121	11,092,389
	AT HOME GROUP INC	COMMON STOCK	21,126	12,577
	ATLAS AIR WORLDWIDE HLDG	COMMON STOCK	21,552	16,876
	AVALARA INC	COMMON STOCK	19,881	14,236
	BANDWIDTH INC	COMMON STOCK	16,044	14,629
	BLACKLINE INC	COMMON STOCK	8,121	8,272
	BOTTOMLINE TECH INC.	COMMON STOCK	21,970	23,376
	BOX INC	COMMON STOCK	17,440	13,335
	BOYD GAMING CORP	COMMON STOCK	12,245	9,787
	BRANDYWINEGLOBAL GLBL OPPTY BD FD I	REGISTERED INVESTMENT COMPANY	3,269,947	2,930,471
	BRANDYWINEGLOBAL GLBL UNCND BD FD I	REGISTERED INVESTMENT COMPANY	16,747,156	15,418,477
	BRIGHTVIEW HOLDINGS	COMMON STOCK	20,154	11,078
	CAREDX INC	COMMON STOCK	9,058	12,847
	CARILLON REAMS UNCOND BD FD CL I	REGISTERED INVESTMENT COMPANY	3,028,682	3,023,840
	CARVANA CO	COMMON STOCK	7,694	6,117
	CASEYS GEN STORES INC	COMMON STOCK	23,165	22,937
	CATALENT INC	COMMON STOCK	15,915	12,223
	CENTURY COMMUNITIES	COMMON STOCK	16,106	13,307
	CHAMPLAIN SMALL COMPANY FD ADV CL	REGISTERED INVESTMENT COMPANY	3,781,564	4,006,932
	COHERUS BIOSCIENCES	COMMON STOCK	20,050	12,362
	COUPA SOFTWARE INCOR	COMMON STOCK	9,336	10,686
	CRYOLIFE INC	COMMON STOCK	12,761	13,594
	CRYOPORT INC	COMMON STOCK	7,188	8,427
	CUBIC CORPORATION	COMMON STOCK	27,074	22,302
	DAVE & BUSTERS INC	COMMON STOCK	8,968	6,996
	DELAWARE LTD TERM DIVERS INCM I	REGISTERED INVESTMENT COMPANY	3,807,385	3,605,055
	DELAWARE U.S. GROWTH FD INSTL CL	REGISTERED INVESTMENT COMPANY	9,728,019	8,709,733
	DODGE & COX INCOME FD	REGISTERED INVESTMENT COMPANY	5,044,685	4,936,750
	DODGE & COX STOCK FUND	REGISTERED INVESTMENT COMPANY	8,991,622	8,807,515
	ELASTIC N V	COMMON STOCK	8,558	9,936
	EMERGENT BIOSOLUTIONS	COMMON STOCK	6,927	7,054
	ESCO TECHNOLOGIES INC	COMMON STOCK	14,715	14,575
	EVENTBRITE INC	COMMON STOCK	9,858	10,012
	EVERBRIDGE INC.	COMMON STOCK	7,373	16,347
	EVERCORE INC	COMMON STOCK	16,926	13,811
	EVERETT CLINIC MAIN CAMPUS REAL PROP	REAL ESTATE	9,302,391	21,100,000
	EVOLENT HEALTH INC	COMMON STOCK	14,975	15,042
	FIREEYE INC	COMMON STOCK	19,799	18,026
	FIRST MERCHANTS CORP	COMMON STOCK	33,267	26,114
	FIVE9 INC	COMMON STOCK	25,324	26,013

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, 2018

(a) *	(b) Identity of Issue, 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
	FLOOR & DECOR HOLDING	COMMON STOCK	10,502	8,055
	GRANDEUR PEAK INTL OPPTY INST	REGISTERED INVESTMENT COMPANY	9,843,511	9,229,523
	GRANITE CONSTR INC	COMMON STOCK	19,424	15,508
	GUARDANT HEALTH INC	COMMON STOCK	17,866	17,442
	HEALTHEQUITY INC	COMMON STOCK	11,432	10,319
	HERON THERAPEUTICS INC	COMMON STOCK	21,490	14,967
	HOTCHKIS & WILEY HIGH YIELD FD CL I	REGISTERED INVESTMENT COMPANY	2,139,048	1,943,208
	HOTCHKIS & WILEY MID-CAP VALUE CL I	REGISTERED INVESTMENT COMPANY	7,341,064	6,863,925
	INSPIRE MEDICAL SYST	COMMON STOCK	14,286	13,267
	INSULET CORP	COMMON STOCK	15,945	14,754
	IRHYTHM TECHNOLOGIES	COMMON STOCK	6,972	12,228
	JO HAMBRO INTL SELECT FUND CL I	REGISTERED INVESTMENT COMPANY	10,482,879	13,339,556
	L H C GROUP	COMMON STOCK	14,879	14,833
	LENDINGTREE INC	COMMON STOCK	14,381	13,174
	LITTELFUSE INC	COMMON STOCK	14,837	13,547
	LIVERAMP HOLDINGS INC	COMMON STOCK	15,116	13,675
	MADRIGAL PHARMACEUTI	COMMON STOCK	14,597	9,694
	MANTECH INTL CORP CL A	COMMON STOCK	14,326	13,910
	MARTEN TRANSPORT LTD	COMMON STOCK	8,869	7,998
	MASTEC INC	COMMON STOCK	18,413	17,238
	MATADOR RESOURCES CO	COMMON STOCK	21,914	13,387
	MERIT MED SYS INC	COMMON STOCK	9,342	9,488
	METROPOLITAN WEST LOW DURATION BD I	REGISTERED INVESTMENT COMPANY	2,375,136	2,332,288
	METROPOLITAN WEST TOTAL RETURN I	REGISTERED INVESTMENT COMPANY	8,406,410	8,173,584
	MIMECAST LTD	COMMON STOCK	14,507	12,914
	MOELIS & COMPANY	COMMON STOCK	19,638	14,130
	MORLEY STABLE VAL FD CL 3	COLLECTIVE INVESTMENT TRUSTS	12,012,851	12,402,285
	NATIONAL VISION HOLD	COMMON STOCK	11,046	9,634
	NEURONETICS INC	COMMON STOCK	17,285	11,881
	NV5 HLDGS INC	COMMON STOCK	7,813	9,688
	OHA EUROPEAN STRATEGIC FUND (OFFSHORE), INC.	LIMITED PARTNERSHIP	822,963	1,177,983
	OLLIES BARGAIN OUTLE	COMMON STOCK	10,139	9,644
	OMNICELL INC	COMMON STOCK	10,529	12,860
	ORASURE TECHNOLOGIES INC	COMMON STOCK	20,502	12,860
	PANDORA MEDIA INC	COMMON STOCK	14,177	13,858
	PDC ENERGY INC	COMMON STOCK	17,867	12,410
	PIMCO COMMODITIES PLUS STRAT FD INST	REGISTERED INVESTMENT COMPANY	3,452,592	1,981,363
	PIVOTAL SOFTWARE INC	COMMON STOCK	15,918	13,652
	PRIMORIS SERVICES CO	COMMON STOCK	15,465	12,205
	PRINCIPAL DIVERSIFIED REAL ASSET INS	REGISTERED INVESTMENT COMPANY	10,218,713	8,997,602
	PROTO LABS INC	COMMON STOCK	6,526	6,767
	PURE STORAGE INC	COMMON STOCK	11,327	8,876
	RAPID SEVEN INC	COMMON STOCK	16,117	14,115
	RED ROCK RESORTS INC	COMMON STOCK	8,824	6,662
	REGENXBIO INC	COMMON STOCK	6,228	5,034
	REPLIGEN CORP	COMMON STOCK	9,556	14,714
	ROGERS CORPORATION	COMMON STOCK	10,460	8,519
	ROKU INC CL A	COMMON STOCK	28,791	21,509
	SAIA INC	COMMON STOCK	15,968	14,569
*	SCHWAB GOVERNMENT MONEY FD INV SHS	MONEY MARKET FUNDS	14,504,606	14,504,606
*	SCHWAB GOVERNMENT MONEY FUND	MONEY MARKET FUNDS	65,908	65,908
	SEAFARER OVERSEAS GWTH & INC FD INST	REGISTERED INVESTMENT COMPANY	4,713,998	4,197,528

(a) *	(b) Identity of Issue, 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
	SEAWORLD ENTERTAINMENT	COMMON STOCK	7,300	6,428
	SIERRA WIRELESS INC	COMMON STOCK	9,181	6,473
	SILICON LABORATORIES INC	COMMON STOCK	14,139	13,004
	SITEONE LANDSCAPE SU	COMMON STOCK	19,456	18,073
	SKYLINE CHAMPION CORP	COMMON STOCK	9,494	5,009
	SMARTSHEET INC	COMMON STOCK	15,040	15,687
	SPIRIT AIRLINES	COMMON STOCK	14,321	13,264
	STEMLINE THERAPEUTIC	COMMON STOCK	16,070	9,101
	SUMMIT MATERIALS	COMMON STOCK	15,085	12,884
	TABULA RASA HEALTHCA	COMMON STOCK	4,287	8,353
	THE TRADE DESK INC	COMMON STOCK	10,673	13,463
	UNITED COMMUNITY BKS NEW	COMMON STOCK	17,539	12,018
	VANGUARD HEALTH CARE FD ADMIRAL SHS	REGISTERED INVESTMENT COMPANY	2,087,533	1,817,725
	VANGUARD INSTITUTIONAL INDEX FUND	REGISTERED INVESTMENT COMPANY	27,070,035	37,038,783
	VANGUARD MID CAP INDEX FUND INSTL	REGISTERED INVESTMENT COMPANY	8,127,846	8,533,710
	VANGUARD RUSSELL 1000 VAL INDX INSTL	REGISTERED INVESTMENT COMPANY	4,393,788	4,507,909
	VANGUARD SHORT TERM INV GRADE INSTL	REGISTERED INVESTMENT COMPANY	2,286,362	2,230,640
	VANGUARD SMALL-CAP INDEX INSTL	REGISTERED INVESTMENT COMPANY	14,100,529	17,575,024
	VANGUARD TOTAL BD MKT INDEX INSTL SH	REGISTERED INVESTMENT COMPANY	18,167,673	17,679,899
	VANGUARD TOTAL INTL STOCK INDEX INST	REGISTERED INVESTMENT COMPANY	8,963,738	8,524,776
	VERACYTE INC	COMMON STOCK	9,132	10,567
	VIEWRAY INC	COMMON STOCK	13,010	9,135
	VONAGE HOLDINGS	COMMON STOCK	10,134	9,524
	VULCAN VALUE PARTNERS SMALL CAP FD	REGISTERED INVESTMENT COMPANY	4,441,057	3,836,378
	WCM FOCUSED INTERNATIONAL GROWTH INS	REGISTERED INVESTMENT COMPANY	8,922,691	10,652,480
	WEST PHARM SRVC INC	COMMON STOCK	5,264	6,764
	WESTWOOD SMALLCAP FD I	REGISTERED INVESTMENT COMPANY	1,549,000	1,791,388
	WINGSTOP INC	COMMON STOCK	14,734	14,443
	WIX COM LTD	COMMON STOCK	14,248	13,822
	WNS HOLDINGS LTD	COMMON STOCK	13,243	12,584
	YEXT INC	COMMON STOCK	17,756	14,018
	ZENDESK INC	COMMON STOCK	8,425	13,892
	ZSCALER INC	COMMON STOCK	6,973	7,450
	ZUORA INC	COMMON STOCK	13,059	9,542
*	Participant Loans, Maturity Date through December 2023	Interest Rate: 4.25% – 6.25%	2,935,169	2,935,169
			$ 274,358,576	$294,762,943

* Party-in-interest as defined by ERISA

MOSSADAMS

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, 2018

(a) *	(b) Identity of Issue, 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
	8X8 INC NEW	COMMON STOCK	$ 14,091	$ 13,746
	AEROJET ROCKETDYNE H	COMMON STOCK	6,027	7,398
	AIR TRANS HLDGS INC	COMMON STOCK	12,842	16,035
	ALTERYX INC	COMMON STOCK	4,596	8,088
	AMERN EAGLE OUTFITRS INC	COMMON STOCK	18,090	15,000
	AMG TIMESSQUARE MID CAP GWTH FD Z	REGISTERED INVESTMENT COMPANY	7,972,481	7,558,752
	APPFOLIO INC	COMMON STOCK	21,370	21,142
	ARTISAN INTERNATIONAL VALUE INSTL	REGISTERED INVESTMENT COMPANY	11,877,121	11,092,389
	AT HOME GROUP INC	COMMON STOCK	21,126	12,577
	ATLAS AIR WORLDWIDE HLDG	COMMON STOCK	21,552	16,876
	AVALARA INC	COMMON STOCK	19,881	14,236
	BANDWIDTH INC	COMMON STOCK	16,044	14,629
	BLACKLINE INC	COMMON STOCK	8,121	8,272
	BOTTOMLINE TECH INC.	COMMON STOCK	21,970	23,376
	BOX INC	COMMON STOCK	17,440	13,335
	BOYD GAMING CORP	COMMON STOCK	12,245	9,787
	BRANDYWINEGLOBAL GLBL OPPTY BD FD I	REGISTERED INVESTMENT COMPANY	3,269,947	2,930,471
	BRANDYWINEGLOBAL GLBL UNCND BD FD I	REGISTERED INVESTMENT COMPANY	16,747,156	15,418,477
	BRIGHTVIEW HOLDINGS	COMMON STOCK	20,154	11,078
	CAREDX INC	COMMON STOCK	9,058	12,847
	CARILLON REAMS UNCOND BD FD CL I	REGISTERED INVESTMENT COMPANY	3,028,682	3,023,840
	CARVANA CO	COMMON STOCK	7,694	6,117
	CASEYS GEN STORES INC	COMMON STOCK	23,165	22,937
	CATALENT INC	COMMON STOCK	15,915	12,223
	CENTURY COMMUNITIES	COMMON STOCK	16,106	13,307
	CHAMPLAIN SMALL COMPANY FD ADV CL	REGISTERED INVESTMENT COMPANY	3,781,564	4,006,932
	COHERUS BIOSCIENCES	COMMON STOCK	20,050	12,362
	COUPA SOFTWARE INCOR	COMMON STOCK	9,336	10,686
	CRYOLIFE INC	COMMON STOCK	12,761	13,594
	CRYOPORT INC	COMMON STOCK	7,188	8,427
	CUBIC CORPORATION	COMMON STOCK	27,074	22,302
	DAVE & BUSTERS INC	COMMON STOCK	8,968	6,996
	DELAWARE LTD TERM DIVERS INCM I	REGISTERED INVESTMENT COMPANY	3,807,385	3,605,055
	DELAWARE U.S. GROWTH FD INSTL CL	REGISTERED INVESTMENT COMPANY	9,728,019	8,709,733
	DODGE & COX INCOME FD	REGISTERED INVESTMENT COMPANY	5,044,685	4,936,750
	DODGE & COX STOCK FUND	REGISTERED INVESTMENT COMPANY	8,991,622	8,807,515
	ELASTIC N V	COMMON STOCK	8,558	9,936
	EMERGENT BIOSOLUTIONS	COMMON STOCK	6,927	7,054
	ESCO TECHNOLOGIES INC	COMMON STOCK	14,715	14,575
	EVENTBRITE INC	COMMON STOCK	9,858	10,012
	EVERBRIDGE INC.	COMMON STOCK	7,373	16,347
	EVERCORE INC	COMMON STOCK	16,926	13,811
	EVERETT CLINIC MAIN CAMPUS REAL PROP	REAL ESTATE	9,302,391	21,100,000
	EVOLENT HEALTH INC	COMMON STOCK	14,975	15,042
	FIREEYE INC	COMMON STOCK	19,799	18,026
	FIRST MERCHANTS CORP	COMMON STOCK	33,267	26,114
	FIVE9 INC	COMMON STOCK	25,324	26,013

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, 2018

(a) *	(b) Identity of Issue, 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
	FLOOR & DECOR HOLDING	COMMON STOCK	10,502	8,055
	GRANDEUR PEAK INTL OPPTY INST	REGISTERED INVESTMENT COMPANY	9,843,511	9,229,523
	GRANITE CONSTR INC	COMMON STOCK	19,424	15,508
	GUARDANT HEALTH INC	COMMON STOCK	17,866	17,442
	HEALTHEQUITY INC	COMMON STOCK	11,432	10,319
	HERON THERAPEUTICS INC	COMMON STOCK	21,490	14,967
	HOTCHKIS & WILEY HIGH YIELD FD CL I	REGISTERED INVESTMENT COMPANY	2,139,048	1,943,208
	HOTCHKIS & WILEY MID-CAP VALUE CL I	REGISTERED INVESTMENT COMPANY	7,341,064	6,863,925
	INSPIRE MEDICAL SYST	COMMON STOCK	14,286	13,267
	INSULET CORP	COMMON STOCK	15,945	14,754
	IRHYTHM TECHNOLOGIES	COMMON STOCK	6,972	12,228
	JO HAMBRO INTL SELECT FUND CL I	REGISTERED INVESTMENT COMPANY	10,482,879	13,339,556
	L H C GROUP	COMMON STOCK	14,879	14,833
	LENDINGTREE INC	COMMON STOCK	14,381	13,174
	LITTELFUSE INC	COMMON STOCK	14,837	13,547
	LIVERAMP HOLDINGS INC	COMMON STOCK	15,116	13,675
	MADRIGAL PHARMACEUTI	COMMON STOCK	14,597	9,694
	MANTECH INTL CORP CL A	COMMON STOCK	14,326	13,910
	MARTEN TRANSPORT LTD	COMMON STOCK	8,869	7,998
	MASTEC INC	COMMON STOCK	18,413	17,238
	MATADOR RESOURCES CO	COMMON STOCK	21,914	13,387
	MERIT MED SYS INC	COMMON STOCK	9,342	9,488
	METROPOLITAN WEST LOW DURATION BD I	REGISTERED INVESTMENT COMPANY	2,375,136	2,332,288
	METROPOLITAN WEST TOTAL RETURN I	REGISTERED INVESTMENT COMPANY	8,406,410	8,173,584
	MIMECAST LTD	COMMON STOCK	14,507	12,914
	MOELIS & COMPANY	COMMON STOCK	19,638	14,130
	MORLEY STABLE VAL FD CL 3	COLLECTIVE INVESTMENT TRUSTS	12,012,851	12,402,285
	NATIONAL VISION HOLD	COMMON STOCK	11,046	9,634
	NEURONETICS INC	COMMON STOCK	17,285	11,881
	NV5 HLDGS INC	COMMON STOCK	7,813	9,688
	OHA EUROPEAN STRATEGIC FUND (OFFSHORE), INC.	LIMITED PARTNERSHIP	822,963	1,177,983
	OLLIES BARGAIN OUTLE	COMMON STOCK	10,139	9,644
	OMNICELL INC	COMMON STOCK	10,529	12,860
	ORASURE TECHNOLOGIES INC	COMMON STOCK	20,502	12,860
	PANDORA MEDIA INC	COMMON STOCK	14,177	13,858
	PDC ENERGY INC	COMMON STOCK	17,867	12,410
	PIMCO COMMODITIES PLUS STRAT FD INST	REGISTERED INVESTMENT COMPANY	3,452,592	1,981,363
	PIVOTAL SOFTWARE INC	COMMON STOCK	15,918	13,652
	PRIMORIS SERVICES CO	COMMON STOCK	15,465	12,205
	PRINCIPAL DIVERSIFIED REAL ASSET INS	REGISTERED INVESTMENT COMPANY	10,218,713	8,997,602
	PROTO LABS INC	COMMON STOCK	6,526	6,767
	PURE STORAGE INC	COMMON STOCK	11,327	8,876
	RAPID SEVEN INC	COMMON STOCK	16,117	14,115
	RED ROCK RESORTS INC	COMMON STOCK	8,824	6,662
	REGENXBIO INC	COMMON STOCK	6,228	5,034
	REPLIGEN CORP	COMMON STOCK	9,556	14,714
	ROGERS CORPORATION	COMMON STOCK	10,460	8,519
	ROKU INC CL A	COMMON STOCK	28,791	21,509
	SAIA INC	COMMON STOCK	15,968	14,569
*	SCHWAB GOVERNMENT MONEY FD INV SHS	MONEY MARKET FUNDS	14,504,606	14,504,606
*	SCHWAB GOVERNMENT MONEY FUND	MONEY MARKET FUNDS	65,908	65,908
	SEAFARER OVERSEAS GWTH & INC FD INST	REGISTERED INVESTMENT COMPANY	4,713,998	4,197,528

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	SEAWORLD ENTERTAINMENT	COMMON STOCK	7,300	6,428
	SIERRA WIRELESS INC	COMMON STOCK	9,181	6,473
	SILICON LABORATORIES INC	COMMON STOCK	14,139	13,004
	SITEONE LANDSCAPE SU	COMMON STOCK	19,456	18,073
	SKYLINE CHAMPION CORP	COMMON STOCK	9,494	5,009
	SMARTSHEET INC	COMMON STOCK	15,040	15,687
	SPIRIT AIRLINES	COMMON STOCK	14,321	13,264
	STEMLINE THERAPEUTIC	COMMON STOCK	16,070	9,101
	SUMMIT MATERIALS	COMMON STOCK	15,085	12,884
	TABULA RASA HEALTHCA	COMMON STOCK	4,287	8,353
	THE TRADE DESK INC	COMMON STOCK	10,673	13,463
	UNITED COMMUNITY BKS NEW	COMMON STOCK	17,539	12,018
	VANGUARD HEALTH CARE FD ADMIRAL SHS	REGISTERED INVESTMENT COMPANY	2,087,533	1,817,725
	VANGUARD INSTITUTIONAL INDEX FUND	REGISTERED INVESTMENT COMPANY	27,070,035	37,038,783
	VANGUARD MID CAP INDEX FUND INSTL	REGISTERED INVESTMENT COMPANY	8,127,846	8,533,710
	VANGUARD RUSSELL 1000 VAL INDX INSTL	REGISTERED INVESTMENT COMPANY	4,393,788	4,507,909
	VANGUARD SHORT TERM INV GRADE INSTL	REGISTERED INVESTMENT COMPANY	2,286,362	2,230,640
	VANGUARD SMALL-CAP INDEX INSTL	REGISTERED INVESTMENT COMPANY	14,100,529	17,575,024
	VANGUARD TOTAL BD MKT INDEX INSTL SH	REGISTERED INVESTMENT COMPANY	18,167,673	17,679,899
	VANGUARD TOTAL INTL STOCK INDEX INST	REGISTERED INVESTMENT COMPANY	8,963,738	8,524,776
	VERACYTE INC	COMMON STOCK	9,132	10,567
	VIEWRAY INC	COMMON STOCK	13,010	9,135
	VONAGE HOLDINGS	COMMON STOCK	10,134	9,524
	VULCAN VALUE PARTNERS SMALL CAP FD	REGISTERED INVESTMENT COMPANY	4,441,057	3,836,378
	WCM FOCUSED INTERNATIONAL GROWTH INS	REGISTERED INVESTMENT COMPANY	8,922,691	10,652,480
	WEST PHARM SRVC INC	COMMON STOCK	5,264	6,764
	WESTWOOD SMALLCAP FD I	REGISTERED INVESTMENT COMPANY	1,549,000	1,791,388
	WINGSTOP INC	COMMON STOCK	14,734	14,443
	WIX COM LTD	COMMON STOCK	14,248	13,822
	WNS HOLDINGS LTD	COMMON STOCK	13,243	12,584
	YEXT INC	COMMON STOCK	17,756	14,018
	ZENDESK INC	COMMON STOCK	8,425	13,892
	ZSCALER INC	COMMON STOCK	6,973	7,450
	ZUORA INC	COMMON STOCK	13,059	9,542
*	Participant Loans, Maturity Date through December 2023	Interest Rate: 4.25% – 6.25%	2,935,169	2,935,169
			$ 274,358,576	$294,762,943

* Party-in-interest as defined by ERISA

MOSSADAMS