	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	065 of the Employee Re	etirement	2018				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the		This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in act	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information							
For calenda	ar plan year 2018 or fisc	al plan year beginning 01/01/20			2/31/2018				
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
D This set	une (non out io	a one-participant plan	a foreign plan						
	urn/report is	the first return/report	the final return/report						
	l	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
	[special extension (enter descrip	tion)						
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name	•				1b Thre	-			
DR. JAMES	P. KING, D.D.S. 401(K)	PROFIT SHARING PLAN			plan (PN)	number 001			
		-	()	tive date of plan					
				01/01/2001					
		er, if for a single-employer plan) , apt., suite no. and street, or P.O.	Box)			oyer Identification Number 90-0138125			
City or		, country, and ZIP or foreign postal		uctions)	(EIN) 90-0138125 2c Sponsor's telephone number				
0, 11120 1 1 1				-	360-736-5100				
228 HARRIS	ON AVE				2d Business code (see instructions)				
	, WA 98531-1324				621210				
0									
3a Plan a	dministrator's name and	I address 🛛 Same as Plan Spons	or.		3D Admi	nistrator's EIN			
				-	3c Administrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN				
this pl	an, enter the plan spons	sor's name, EIN, the plan name an	5						
C Plan N	or's name lame				4d PN				
	lanc								
5a Total r	number of participants a	t the beginning of the plan year			5a	5			
b Total r	number of participants a	t the end of the plan year			5b	6			
		ccount balances as of the end of th			5c	6			
d(1) Tota	al number of active parti	cipants at the beginning of the plar) year		5d(1)	4			
d(2) Tota	al number of active parti	icipants at the end of the plan year			5d(2)	5			
		erminated employment during the p			5e	0			
Caution: A	penalty for the late or	r incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is estal	olished.			
Under pena SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instructi d signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule			
sign	true, correct, and comple	ete. alid electronic signature.	05/01/2019	REGINA KING					
HERE	Signature of plan ad	C C	Date		dividual signing as plan administrator				
SIGN			Duit		an orgining i	ao pian aominiotrator			
HERE	Signature of employ	or/nlan sponsor	Dete	Entor nome of individu		oo omployor or plan anaros			
L	Signature of employ		Date	Enter name of individu	iai signing	as employer or plan sponsor			

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

Form 5500-SF (2018) v.171027

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

7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	19	1954170			1911313
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	19	54170			1911313
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total
а	Contributions received or receivable from:	• (1)		47000			
	(1) Employers	8a(1)		47828			
	(2) Participants	8a(2)	;	51667			
	(3) Others (including rollovers)	8a(3)		05054			
	Other income (loss)	8b	-1.	25054			
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-25559
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		17298			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17298
i	Net income (loss) (subtract line 8h from line 8c)	8i					-42857
j	Transfers to (from) the plan (see instructions)	8j					
Ра	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3B 3D 2K	feature co	odes from the List of Pl	an Cha	acteris	stic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	ic Coc	les in the instructions:
Pa	t V Compliance Questions						
10	During the plan year:			-	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		X	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X	
C	Was the plan covered by a fidelity bond?			10c	X		195417
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		х	
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).					X	
f				10f		Х	
<u>(</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х	
	 Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) 	is of year- (See instr	end.) uctions and 29 CFR	-		x x	

10i

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

i

Page **3-** 1

Part	VI	Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									es	No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									es 🗡	No	
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									g 	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Ente	r the minimum required contribution for this plan year		12b							
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c							
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d							
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		Nc)		
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0	
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the			[Ye	÷s 🗙	No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to							
1	3c(1	3c(1) Name of plan(s): 13c(2) E				EIN(s)			13c(3) PN(s)		

Fo	rm 5500-SF	Short Form Annual I	Poturn/Donord			OMB Nos. 1210-0110				
	Partment of the Treasury	t of Small Emplo	oyee	1210-0089						
Inte	ernal Revenue Service	This form is required to be filed un	Benefit Plan	4065 of the Employee Re	etirement	2018				
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
	Benefit Guaranty Corporation	Complete all entries in according	rdance with the inst	ructions to the Form 55	500-SF.	Public Inspection				
Part I		t Identification Information	101 10010							
FUI Caleni	ual plan year 2018 of		/01/2018	and ending		1/2018				
A This re	eturn/report is for:	X a single-employer plan □		an (not multiemployer) (nployer information in ac		ing this box must attach a ith the form instructions.)				
B This re	turn/report is									
		– –	the final return/report							
C Chook	box if filing under:		a short plan year retur	rn/report (less than 12 m	ontns)					
Check	box it initig under.		automatic extension		DFVC pr	ogram				
Dort II	Decis Dian Inf	special extension (enter description	,							
Part II		ormation—enter all requested information	ation							
1a Name DR.		G, D.D.S. 401(K) PROFIT	SHARING PLAN		1b Three plan r	e-digit number				
					(PN)					
						tive date of plan 01/2001				
2a Plans	sponsor's name (empl	oyer, if for a single-employer plan)			.	byer Identification Number				
Mailin City o	g address (include roo r town, state or provin	om, apt., suite no. and street, or P.O. Bo ce, country, and ZIP or foreign postal co	x) de (if foreign, see inst	ructions)		90-0138125				
	ES P. KING, D		(2c Sponsor's telephone number 360-736-5100					
228	HARRISON AVE					ess code (see instructions)				
CEN	TRALIA	WA 98531-132	4		6212	210				
3a Plan a	administrator's name a	nd address X Same as Plan Sponsor.				histrator's EIN				
					3c Admir	nistrator's telephone number				
		1				······································				
4 If the	name and/or EIN of th	e plan sponsor or the plan name has ch	anged since the last r	eturn/report filed for	4b EIN					
	lan, enter the plan spo or's name	onsor's name, EIN, the plan name and th	e plan number from t	he last return/report.	4d PN					
C Plan N					HU PIN					
5a Total	number of participants	at the beginning of the plan year			5a					
		s at the beginning of the plan years s at the end of the plan year		r	5a 5b					
C Numb	er of participants with	account balances as of the end of the p	lan vear (only defined	l contribution plans	5c					
		······		1		6				
		articipants at the beginning of the plan ye			5d(1)	4				
		articipants at the end of the plan year terminated employment during the plar			5d(2)	C				
than	100% vested				5e	0				
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return/rep ther penalties set forth in the instructions nd signed by an enrolled actuary, as we plate	. I declare that I have	examined this return/rep	oort. includir	ng, if applicable, a Schedule				
SIGN	Rear a	ougo thi	5-1-19	REGINA KING						
HERE	Signature of plan a	administrator	Date		dividual signing as plan administrator					
SIGN	August	Jul .	5-1-19	James P. K		a pan daminorator				
HERE	Signature of emplo	over/plan sponsor	Date			as employer or plan sponsor				
For Paperwe		ce, see the Instructions for Form 5500-SF.			aar orginning d	Form 5500-SF (2018)				

v.171027

Page	2
------	---

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) If you answered "No" to either line 6a or line 6b, the plan year invested in eli									
С	c 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	e PBGC pr	emium filing for this plan year	(See instructions.)					
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1,954,170	1,911,313					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,954,170	1,911,313					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	 a Contributions received or receivable from: (1) Employers 		47,828						
(2) Participants		8a(2)	51,667						
	(3) Others (including rollovers)	8a(3)							

	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)		-125,054	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-25,559
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)			
f	Administrative service providers (salaries, fees, commissions)	8f	17,298	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			17,298
i	Net income (loss) (subtract line 8h from line 8c)			-42,857
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 3B 3D 2K

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

Part V Compliance Questions

10	During the plan year:	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
.b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	Х		195,417
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page 3-

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)	mplete Sche	edule S	В	י 🗌	res 🗌 No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	le or sectior			י 🗌	res 🛛 No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		-111					
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
b	Enter the minimum required contribution for this plan year		12b					
	Enter the amount contributed by the employer to the plan for this plan year		12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ft of a	12d					
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	N/A		
Part								
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	N	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	t under the		[] Yes 🛛	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred.		to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			