-	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emp Benefit Plan						
Inter	epartment of Labor	4065 of the Employee Retire 57(b) and 6058(a) of the Inter	the Internal						
	enefits Security Administration enefit Guaranty Corporation	le).		This Form is Open to Public Inspection					
Part I		Complete all entries in a tidentification Information	accordance with the inst	tructions to the Form 5500-	SF.				
		iscal plan year beginning 01/01/2	018	and ending 12/31/	/2018				
A This ret	turn/report is for:	X a single-employer plan		blan (not multiemployer) (Filer mployer information in accord	s checking t				
		a one-participant plan	a foreign plan						
B This retu									
C Check I	box if filing under:	Irn/report (less than 12 month	DFVC progra	am					
Part II	Basic Plan Info	Drmation —enter all requested inf	ormation						
1a Name		· · · · ·		1b	Three-dig				
JAMES HU,	M.D., P.C. 401(K) PL	AN			plan numl (PN) ▶	001			
		1c	Effective of						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)	2b	Employer (EIN)	Identification Number 20-2116811			
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JAMES HU, M.D., P.C.					s telephone number			
				2d	206-343-4111 2d Business code (see instructions)				
1229 MADIS SEATTLE, W	ON STREET, SUITE VA 98104	830			621111				
3a Plan a	dministrator's name a	Ind address 🛛 Same as Plan Spor	neor	3h	Administra	ator's FIN			
			1301.						
				3c	Administra	ator's telephone number			
		ne plan sponsor or the plan name ha			4b EIN				
•	or's name	onsoi s name, Env, the plan name a			4d PN				
C Plan N	lame								
					5a				
		s at the beginning of the plan year			5a 5b	2			
C Numb	er of participants with	s at the end of the plan year account balances as of the end of	the plan year (only define	d contribution plans	50 5c	2			
•	,	articipants at the beginning of the pl			d(1)	2			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		d(2)	2			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
		or incomplete filing of this return ther penalties set forth in the instruct							
SB or Sche		and signed by an enrolled actuary, a							
SIGN	Filed with authorized	d/valid electronic signature.	08/08/2019	JAMES HU					
HERE	Signature of plan	administrator	Date	Enter name of individual s	signing as pla	an administrator			
SIGN									
HERE		oyer/plan sponsor	Date	Enter name of individual s	signing as er	mployer or plan sponsor			
For Paperwo		ce, see the Instructions for Form 5500)-SF.			Form 5500-SF (2018) v.171027			

Administrative service providers (salaries, fees, commissions) ...

g Other expenses

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

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

2G 2J

Part IV | Plan Characteristics

2E 2F

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

2K

2R

f

j

9a

b

3D

2A

0

0 49770

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	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 4021)?	Yes No Not determined						
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year	(See instructions.)						
D -										
Ра	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	710295	760065						
b	Total plan liabilities	7b	0							
c	Net plan assets (subtract line 7b from line 7a)	7c	710295	760065						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:		10000							
	(1) Employers	8a(1)	19900							
	(2) Participants	8a(2)	24500							
	(3) Others (including rollovers)	8a(3)	0							
b	Other income (loss)	8b	5370							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		49770						
d	Benefits paid (including direct rollovers and insurance premiums	0.1	0							
	to provide benefits)	8d	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e	0							

8f

8g

8h

8i

8j

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

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

V Compliance Questions				
During the plan year:		Yes	No	Amount
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	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
Was the plan covered by a fidelity bond?	10c	X		75000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
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		×	
Has the plan failed to provide any benefit when due under the plan?	10f		Х	
Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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			
	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	During the plan year: 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)	During the plan year:YesWas 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)10aWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bWas the plan covered by a fidelity bond?10cXDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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.)10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10h	During the plan year:YesNoWas 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)

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-				
b	Ente	r the minimum required contribution for this plan year		12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× N	0	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
1	3c(1	3c(1) Name of plan(s): 13c(2) E					13c(3) PN(s)		

Form 5500-SF Department of the Treasury	ort of Small Employe	OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service Department of Labor		Benefit Pla iled under sections 104 ar 74 (ERISA), and sections	nd 4065 of the Employee Retire 6057(b) and 6058(a) of the Inter	ment 2018
Employee Benefits Security Administrat Pension Benefit Guaranty Corporation		Revenue Code (the C	ode).	This Form is Open to
	Complete all entries in	n accordance with the ir	structions to the Form 5500-5	Public Inspection SF.
For calendar plan year 2018 o	Dri identification intormatio	n		
	E	01/01/2018	and ending	12/31/2018
A This return/report is for:	X a single-employer plan	list of participating	r plan (not multiemployer) (Filers employer information in accord	s checking this box must attach a ance with the form instructions.)
B This return/report is				
	the first return/report	the final return/repo	rt	
_	an amended return/report	a short plan year re	turn/report (less than 12 months	5)
C Check box if filing under:	X Form 5558	automatic extensio	n Do	FVC program
	special extension (enter desc			a ve program
Part II Basic Plan In	formation-enter all requested ir	oformation		
a Name of plan			16	Three-digit
James Hu, M.D.,	P.C. 401(k) Plan			plan number (PN) ▶ 001
2a Plan snopporto nome (1c	Effective date of plan 01/01/2005
ivialing address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.C	C Boy)	2b	Employer Identification Number
City of town, state or provir	nce, country, and ZIP or foreign post	tal code (if foreign, see in	structions)	(EIN) 20-2116811
JAMES HU, M.D.,	P.C.		20	Sponsor's telephone number 206-343-4111
1229 MADISON STR	EET, SUITE 830		2d	Business code (see instructions)
SEATTLE	WA 9810	•••		621111
3a Plan administrator's name a	and address 🛛 Same as Plan Spor	nsor.	3b	Administrator's EIN
			30	Administrator's telephone number
4 If the name and/or FIN of the				
- President and profit opt	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	as changed since the last ind the plan number from	return/report filed for 4b	EIN
 a Sponsor's name c Plan Name 			4d	PN
5a Total number of participants	af the beginning of the alex			
5a Total number of participants b Total number of participants	at the beginning of the plan year		5a	
 D Total number of participants C Number of participants with 	at the end of the plan year	ha plan yoor (only define	5k	b 2
 C Number of participants with complete this item) 	at the end of the plan year account balances as of the end of t	he plan year (only define	d contribution plans 5c	b 2 c 2
 D Total number of participants C Number of participants with complete this item) d(1) Total number of active participants 	at the end of the plan year account balances as of the end of the end of the end of the plants at the beginning beginning of the plants at the beginning	he plan year (only define an year	d contribution plans 5c	b 2 c 2 1) 2
 D Total number of participants C Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa 	account balances as of the end of the account balances as of the end of the unit of the plan version of th	he plan year (only define an year	d contribution plans 5c	b 2 c 2 1) 2
 D Total number of participants C Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants who than 100% vested 	account balances as of the end of the account balances as of the end of the inticipants at the beginning of the plan inticipants at the end of the plan year terminated employment during the	he plan year (only define an year r plan year with accrued b	d contribution plans 5c 5d(5d(enefits that were less 5e	2 2 2 1) 2 2)
 D Total number of participants C Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants who than 100% vested Caution: A penalty for the late of the	account balances as of the end of the account balances as of the end of the inticipants at the beginning of the plan inticipants at the end of the plan year terminated employment during the	he plan year (only define an year r plan year with accrued b	d contribution plans 5c 5d(5d(enefits that were less 5e	b 2 c 2 1) 2 2) 2 a 0
 D Total number of participants C Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants who than 100% vested Caution: A penalty for the late of Under penalties of periury and of the second second	account balances as of the end of the account balances as of the end of the inticipants at the beginning of the plan inticipants at the end of the plan year terminated employment during the or incomplete filing of this return/ her penalties set forth in the instruct	he plan year (only define an year r plan year with accrued b /report will be assessed	d contribution plans 5c 5d(5d(enefits that were less 5e unless reasonable cause is	b 2 c 2 1) 2 2) 2 e 0 established. 0
 D Total number of participants C Number of participants with complete this item)	a at the end of the plan year account balances as of the end of the articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the or incomplete filing of this return/ her penalties set forth in the instruct and signed by an enrolled actuary, as	he plan year (only define an year plan year with accrued b /report will be assessed tions, I declare that I have s well as the electronic ve	d contribution plans 5c 5d(5d(enefits that were less 5e unless reasonable cause is	b 2 c 2 1) 2 2) 2 e 0 established. 0
 D Total number of participants C Number of participants with complete this item)	s at the end of the plan year account balances as of the end of the inticipants at the beginning of the plan inticipants at the end of the plan year terminated employment during the or incomplete filing of this return/ her penalties set forth in the instruct and signed by an enrolled actuary, as plete.	he plan year (only define an year plan year with accrued b /report will be assessed tions, I declare that I have s well as the electronic ve 8/8/2cip	5k d contribution plans 5c 5d(5d(<	p 2 p 2 p 2 p 2 p 2 p 2 p 2 p 0 established. 0 roluding, if applicable, a Schedule to the best of my knowledge and
 D Total number of participants C Number of participants with complete this item)	s at the end of the plan year account balances as of the end of the inticipants at the beginning of the plan inticipants at the end of the plan year terminated employment during the or incomplete filing of this return/ her penalties set forth in the instruct and signed by an enrolled actuary, as plete.	he plan year (only define an year plan year with accrued b /report will be assessed tions, I declare that I have s well as the electronic ve	d contribution plans 5c 5d(5d(enefits that were less 5e unless reasonable cause is o examined this return/report, and t	p 2 p 2 p 2 p 2 p 2 p 2 p 2 p 0 established. 0 roluding, if applicable, a Schedule to the best of my knowledge and

Form 5500-SF (2018) v.171027

Form 5500-SF (2018)

Page 2

68	a Were all of the plan's assets during the plan year invested in elig	jible assets	? (See instructions.)		,			XY	es 🗌 No	
Ľ	Are you claiming a waiver of the annual examination and report of	of an indene	andent qualified public		atomt /1				L	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either line 6a or line 6b, the plan car	iy ano cond anot use Fi	nons.) orm 5500-SE and mu	et inct	and up			X Y	es 🗌 No	
C	C If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see ERISA)	section	4021)		7 Yes 1 No		etermined	
	If "Yes" is checked, enter the My PAA confirmation number from	the PBGC	premium filing for this	plan ve	ar			?	ructions.)	
P	art III Financial Information							(000 110		
7	Plan Assets and Liabilities	1	() m							
a			(a) Beginning				(b) End o			
b]	/10	,295				760,065	
с				0						
8	Income, Expenses, and Transfers for this Plan Year	<u></u> <u>rc</u>	(-) 0		, 290				760,065	
а	Contributions received or receivable from:		(a) Amou	nt			(b) To	tal		
	(1) Employers			19,	900					
	(2) Participants			24,	500					
	(3) Others (including rollovers)				0					
b				5,	370					
<u> </u>	(area mice cu(1); cu(2); cu(3); and ob)	. 8c							49,770	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0					
e	Certain deemed and/or corrective distributions (see instructions)				0					
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	-									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						·		0	
i	Net income (loss) (subtract line 8h from line 8c)						······································		49,770	
j	Transfers to (from) the plan (see instructions)	. 8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2A 2E 2F 2G 2J 2K 2R	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare t	feature cod	es from the List of Pla	n Char	acteris	lic Cor	les in the instruc	tions:		
				ericar				liona.		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Ar	nount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciany Correction	10.0		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10a 10b		х				
C				10c	х				75,000	
d		fidelity hor	d that was caused			x		<u></u>		
e		her persons	by an insurance	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		x	· · · · · · · · · · · · · · · · · · ·			

Х

10h

101

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

i

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

Part	VI	Pension Funding Compliance							
11	ls th (For	ils a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Sch	edule	SE	3		Yes] No
_11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.					1		
12	is ti ERI	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the SA?	Code or section	n 302	of			Yes X] No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir ting the waiver.	Month		r th ay	ne date c	of the let Year		}
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.						
b	Enter	the minimum required contribution for this plan year		12b					
	Enter	the amount contributed by the employer to the plan for this plan year		12c	;				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
e		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	4
Part '	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			[] Yes	X	No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro rol of the PBGC?	ught under the			[] Yes	X No	
С	lf, du	rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider h assets or liabilities were transferred.	tify the plan(s)	to	£				
1	13c(1) Name of plan(s): 13c(2) E				s)		13c(3) PN(s))
								·	