	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ						
D	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Employee Benefits Security Administration Revenue Code (the Code).						is Open to			
	enefit Guaranty Corporation	tructions to the Form 550	Public Inspection							
Part I	Annual Report	t Identification Information			-51.					
		fiscal plan year beginning 01/01/2		and ending 12/3	31/2018					
A This re	eturn/report is for:	X a single-employer plan	list of participating e	blan (not multiemployer) (Fil mployer information in acco		-				
D This set		a one-participant plan	a foreign plan							
	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 mon	2 months)					
C Check	box if filing under:	X Form 5558	automatic extension	Π	DFVC pr	ogram				
		special extension (enter descr	iption)							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name	of plan			•	1b Three	•				
JUNG K. KI	M, DDS, P.S. PROFIT	SHARING PLAN			plan r (PN)	number	001			
				-	()	tive date of pla				
						01/01/19				
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posta		structions)	(EIN)	,				
	M, DDS, P.S.	oo, ooa,, a oo.o.g. poo.	a. 2000 (sor's telephone 509-837-329	92			
231 SHANN					2d Busin	ess code (see	instructions)			
YAKIMA, W						621210				
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spor	nsor.	:	3b Admir	nistrator's EIN				
				3	3c Admir	nistrator's telep	bhone number			
		ne plan sponsor or the plan name ha			4b EIN					
•	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	ind the plan number from	· · –	4d PN					
C Plan N										
5a Total	number of participant	s at the beginning of the plan year			5a		8			
_		s at the end of the plan year			5b		8			
C Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c		3			
d(1) Tot	tal number of active pa	articipants at the beginning of the pla	an year		5d(1)		8			
d(2) Tot	tal number of active p	articipants at the end of the plan yea	ar		5d(2)		7			
than	100% vested	o terminated employment during the	• •		5e		0			
		or incomplete filing of this return ther penalties set forth in the instruct					a Schedule			
SB or Sch		and signed by an enrolled actuary, a								
SIGN	Filed with authorized	d/valid electronic signature.	10/11/2019	JUNG K. KIM OR VICTO	/ICTORIA KIM					
HERE	Signature of plan	administrator	Date	Enter name of individua	I signing a	as plan adminis	strator			
SIGN										
HERE		oyer/plan sponsor	Date	Enter name of individua	I signing a	as employer or	plan sponsor			
For Paperw		ice, see the Instructions for Form 5500)-SF.			Form	5500-SF (2018) v.171027			

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
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.)									
		o : 200 p.								
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	425646	376274						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	425646	376274						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-43477							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-43477						
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	5895							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5895						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-49372						
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 3D	feature cod	es from the List of Plan Characteristi	c Codes in the instructions:						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Characteristic	Codes in the instructions:						
Pa	t V Compliance Questions									
10	During the plan year:		Yes	No Amount						

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	
С	Was the plan covered by a fidelity bond?	10c	X		120000
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		X	
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-** 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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X No
а	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 granting the waiver							ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF		Short Form Annu	nual Return/Report of Small Employee					
Department of the Treasury Internal Revenue Service			Bu data sectoris 104 and 4005 of the Employee Retrement				2018	
Employee B	epartment of Labor lenefits Security Administration	_	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				orm is Open to lic Inspection	
	enefit Guaranty Corporation		accordance with the instru-	uctions to the Form 5	500-SF.		_	
Part I		t identification information fiscal plan year beginning	1 01/01/2018	and ending	12/	31/2018		
_	tum/report is for:	a single-employer plan	a multiple-employer pla list of participating em		Filers che	cking this bo	x must attach a	
B This retu	um/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report	/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558			_	program		
e chook	box in hining endorit	Special extension (enter desc				program		
Part II	Basic Plan Infr	ormation-enter all requested in						
1a Name	ofplan .	, P.S. PROFIT SHARING			(PN	ee-digit n number) b ective date o	001 f olan	
		····			01	/01/199	3	
Mallind	d address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P√ on country, and ZID or farsian per	O. Box) tal ando (if familian, see institu		2b Employer Identification Number (EIN) 91-1551558			
	K. KIM, DDS		ostal code (if foreign, see instructions) 2c Sponsor's telepho 509-837-329					
231	Shannon Rd				2d Bus	iness code ((see instructions)	
Yaki	ma	WA 989	08		67	1210		
3a Plania	dministrator's name a	nd address X Same as Plan Spo	nisor,			ninistrator's	EIN	
					3c Adr.	ninistrator's t	telephone number	
4 If the r	name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last re	tum/report filed for	4b EIN			
this pl		onsor's name, EIN, the plan name						
•	orsname				ALC DN			
C Plan N	lame				4d PN			
		at the beginning of the plan year						
5a Totai i	number of participants	s at the beginning of the plan year.			5a	· · · ·		
5a Totain b Totain c Numb	number of participants number of participants er of participants with	s at the end of the plan year account halances as of the end of	i the plan year (only defined)	contribution plans			e	
5a Total r b Total r c Numb compl	number of participants number of participants with lete this item)	s at the end of the plan year	the plan year (only defined)	contribution plans	5a 5b		e	
5a Total i b Total i C Numb compl d(1) Tota d(2) Tota	number of participants number of participants er of participants with lete this item) al number of active pa al number of active pa	s at the end of the plan year account halances as of the end of articipants at the beginning of the p articipants at the end of the plan ye	f the plan year (only defined plan year ear	contribution plans	5a 5b 5c		8 8	
5a Totain b Totain c Numb compl d(1) Tota d(2) Tota e Numb than	number of participants number of participants er of participants with lete this item)	account helances as of the end of account helances as of the end of articipants at the beginning of the p articipants at the end of the plan ye b terminated employment during th	f the plan year (only defined plan year ear ne plan year with accrued be	contribution plans	5a 5b 5c 5d(1) 5d(2) 5e		8 3 8 7	
5a Totain b Totain c Numb compl d(1) Tota d(2) Tota d(2) Tota f Numb than Caution: A Under pena SB or Sche	number of participants number of participants er of participants with lete this item) al number of active participants who number of active participants who 100% vested	account halances as of the end of account halances as of the end of articipants at the beginning of the p articipants at the end of the plan ye terminated employment during th or incomplete filing of this retur ther penalties set forth in the instru- and signed by an enrolled actuary.	the plan year (only defined plan year ear plan year with accrued be plan year with accrued be rn/report will be assessed intions. I declare that I have	contribution plans nefits that were less unless reasonable car examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is est	ting, if applic	8 3 8 7 0 cable, a Schedule	
5a Totain b Totain c Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota build than Caution: A Under pena SB or Sche belief, it is it SIGN	number of participants number of participants er of participants with lete this item) al number of active pa al number of active pa al number of active pa per of participants who 100% vested penalty for the late alties of periuty and o	account halances as of the end of account halances as of the end of articipants at the beginning of the p articipants at the end of the plan ye terminated employment during th or incomplete filing of this retur ther penalties set forth in the instru- and signed by an enrolled actuary.	the plan year (only defined plan year ear plan year with accrued be plan year with accrued be rn/report will be assessed intions. I declare that I have	contribution plans nefits that were less unless reasonable car examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is est port, includ t, and to th	ling, if applic le best of my	8 3 8 7 0 cable, a Schedule y knowledge and	
5a Total n b Total n c Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota build than Caution: A Under pena SB or Sche belief, it is t	number of participants number of participants er of participants with lete this item) al number of active participants who number of active participants who 100% vested	account halances as of the end of account halances as of the end of articipants at the beginning of the plan articipants at the end of the plan ye terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, uplate	the plan year (only defined plan year ear plan year with accrued be plan year with accrued be rn/report will be assessed intions. I declare that I have	contribution plans nefits that were less unless reasonable can examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is est port, includ t, and to the r VICTO	ding, if applic he best of my ORIA KIN	8 3 8 7 0 cable, a Schedule y knowledge and	
5a Total n b Total n C Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota build than Caution: A Under pena SB or Sche belief, it is it SIGN	number of participants number of participants er of participants with lete this item)	account halances as of the end of account halances as of the end of articipants at the beginning of the plan articipants at the end of the plan ye terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, uplate	f the plan year (only defined plan year ear e plan year with accrued be rn/report will be assessed inctions, I declare that I have as well as the electronic vers	contribution plans nefits that were less unless reasonable cal examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is est port, includ t, and to the r VICTO	ding, if applic he best of my ORIA KIN	3 8 7 0 cable, a Schedule y knowledge and	

		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🔀 Yes 🗌 No
		Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
		If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
	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.)
Г	Dá	t III Enancial Information	

L Pa	nt III Financial mormation								
7	Plan Assets and Liabilities		(a) Beginning				(b) End of Year		
a	Total plan assets	7a		425,	646			376,274	
d	Total plan liabilities	7b							
с	Net plan assets (subtract line 7b from line 7a)	7c		425,	646			376,274	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	it			(b) Total		
a	Contributions received or receivable from:							a second a second	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)			·.	1.1.1.	<u></u>		
	(3) Others (including rollovers)	8a(3)		47	4 17 17	<u>. 11</u>	· · · · · · · · · · · · · · · · · · ·		
	Other income (loss)	86		-43,	4.77	<u>, </u>		47 477	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-43,477	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e						<u> </u>	
f	Administrative service providers (salaries, fees, commissions)	8f		5,	895				
g	Other expenses	8g				· .			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		N N			5,895		
i	Net income (loss) (subtract line 8h from line 8c)	8i		· · · ·		-49,372			
	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fi	eature coo	des from the List of Pla	n Chara	acterist	tic Coc	les in the instrucțions:		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
æ	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 l	Fiduciary Correction	10a		x			
Ŀ	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	106		х			
6	Was the plan covered by a fidelity bond?			10c	x			120,000	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		ond, that was caused	10d		х			
- -	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	i the benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	in?	·····	10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х			
ł	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			x		1	

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

ł

10h

10i