## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instruc	tions to the Form 5500	)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report I	dentification Information				•			
For calend	lar plan year 2013 or fis		2013	and ending 09	9/16/2	2013			
A This ref	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
<b>B</b> This ref	turn/report is:								
		an amended return/report	H	n/report (less than 12 mo	onths)	_			
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension			DFVC progra	am		
Dort II	Basia Blan Infor	ш ,	· /						
Part II		rmation—enter all requested info	ormation		4 14	T. 1: 1:	1		
<b>1a</b> Name ROBERT J.	•	EE, D.D.S., P.L.L.C. 401(K) PLAN 8	& TRUST		10	Three-digit plan number			
				-	10	(PN)	001		
					16	Effective date of 01/01	/2008		
	ponsor's name and add LEE & STEPHEN J. LE	dress; include room or suite numbe EE, D.D.S., P.L.L.C.	er (employer, if for a single-	employer plan)	2b		fication Number		
10810 19TH	HAVENUE SE				2c	Sponsor's telep			
EVERETT, V					2d	Business code 6212	(see instructions)		
3a Plan a	administrator's name and	d address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's	EIN		
				-	3с	Administrator's	telephone number		
		plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b	EIN			
	e, EIN, and the plan num sor's name	nber from the last return/report.			4c	PN			
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		9		
<b>b</b> Total	number of participants a	at the end of the plan year			5b		0		
		account balances as of the end of t			5c		0		
		during the plan year invested in el					X Yes No		
		the annual examination and report (See instructions on waiver eligibi					X Yes No		
		ther line 6a or line 6b, the plan ca	-						
<b>c</b> If the	plan is a defined benefit	t plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	A penalty for the late o	or incomplete filing of this return	/report will be assessed	unless reasonable caus	se is	established.			
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, as lete.							
SIGN	Filed with authorized/v	valid electronic signature.							
HERE	HERE Signature of plan administrator Date Enter name of individ						ministrator		
SIGN									
HERE	Signature of employ		Date		vidual signing as employer or plan sponsor				
Preparer's	name (including firm na	ame, if applicable) and address; inc	clude room or suite number	r (optional)	Prep	arer's telephone	number (optional)		

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V			
		7a	(a) Beginning of Yea		(b) End of Year					)	
	Total plan assets  Total plan liabilities	7a 7b	01201							)	
	Net plan assets (subtract line 7b from line 7a)		572376							)	
		70					(b) T	-4-1		,	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6525	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							65256	6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	63763	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(	3763	2	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4	7237	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		AIII	June		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
					X						2000
				10c						50	0000
d	or dishonesty?	······		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part		-				ı					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	×	No
110	Enter the unpaid minimum required contribution for current year fr					11a			. 00	^	
	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAG	Г	Yes	y	No
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	3UZ Of	EKISA?		res	^	INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and 4	enter th	ne date of t	ne le	tter ru	lina	
	granting the waiver.	-			,	Day		Yea		9	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		1				
h	Enter the minimum required contribution for this plan year					12b					

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	120			
Enter the amount contributed by the employer to the plan for this plan year	120			
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)	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	∕es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			
13c(1) Name of plan(s):	13c(2) E	N(s)	13c(3)	PN(s)
VIII Trust Information (optional)				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  Has a resolution to terminate the plan been adopted in any plan year?  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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.)  In trust Information (optional)  Name of trust  12d  Yes No  No  I 3cd  Yes No  I 4db  Trust's EIN

## OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Form 5500-SF **Benefit Plan** 2013 Department of the Treasury This form is required to be filed under sections 104 and 4065 of the Employee Internal Revenue Service Retirement Income Security Act of 1974 (ERISA), and section 5057(b) and 6058(a) of This Form is Open to Public Department of Labor the Internal Revenue Code (the Code) Inspection Employee Benefits Security Administration Complete all entries in accordance with the instructions to the Form \$500-SF. Pension Benef/i Guaranty Corporation Part I Annual Report Identification Information 09/16/2013 and ending 01/01/2013 For calendar plan year 2013 or fiscal plan year beginning a multiple-employer plan (not multiemployer) a one-participant plan x a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) × an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under. special extension (enter description) Part II Basic Plan Information --- enter all requested Information Three-digit plan number 1a Name of plan 001 ROBERT J. LEE & STEPHEN J. LEE, D.D.S., P.L.L.C. 401(K) PLAN & TRUST (PN) ► 1C Effective date of plan 01/01/2008 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (EIN) 20-2008974 ROBERT J. LEE & STEPHEN J. LEE, D.D.S., P.L.L.C 2c Sponsor's telephone number (425) 337-4200 10810 19TH AVENUE SE 2d Business code (see Instructions) 621210 WA 98208 3a Plan administrator's name and address 🕱 Same as Plan Sponsor Name 🗋 Same as Plan Sponsor Address US EVERETT 3h Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN and the plan number from the last return/report. 4c PN a Sponsor's name <u>5a</u> 5a Total number of participants at the beginning of the plan year . 5b Ō b Total number of participants at the end of the plan year . C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) . XYes No 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) X Yes No under 29 CFR 2520.104-48? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 62 or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filling 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Stephen J. Lea SIGN Enter name of individual signing as plan administrator Date Signature of plan administrator HERE STEPHEN T. LEE Eunku SIGN Enter name of individual signing as employer or plan sponsor Date 3/ WINV HERE | Signature of employer/plan sponsor Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

	Form 5500-SF 2013		Page 2	_					
Part	II Financial Information			_			b) End of Y	ear	
	n Assets and Liabilities		(a) Beginning of Year			- /-	a, 200 01 .	0	_
a Tol	al plan assets	7a	<u>572,376</u>	-					
h Tot	al plan liabilities	7b		-				0	
C Net plan assets (subtract line 7b from line 7a)		7c	572,376	-			Alek Waste		
B Inc	ome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota		
9 00	ntributions received or receivable from:			- 1					
(1)	Employers	8a(1)							
[2]	Participants	8a(2)		$\neg$					
(3)	Others (including rollovers)	8a(3)	65,250	5					
b Ot	ner income (loss)	85	007,20					65,256	
c To	tal income (add tines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				
d Be	nehts paid (including direct rollovers and insurance premiums provide benefits)	8d	637,63	2					
10	provide benefits)	80							
e Ce	ritain deemed and/or commissions (selector food commissions)	Bf		0					
f Ac	ministrative service providers (salaries, fees, commissions)	8g		_					
<u>g</u> 0	her expenses	8h						637,632	<u>!</u>
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)							(572,37 <u>6</u> )	
<u>l</u> No	t Income (loss) (subtract line 8h from line 8c)	. BI							
	ansfers to (from) the plan (see instructions)	1 9							
Part	IV Plan Characteristics		- to the List of Blog Characle	rietic	Code	s in the	instruction	s:	
9a If	IV Plan Characteristics the plan provides pension benefits, enter the applicable pension to	eature cod	62 light file Fiel of Light Character	11000					
- }	2A 2E 2F 2G 2J 3D					2 Step 2	a douglions	12	
p It	the plan provides welfare benefits, enter the applicable welfare fer	ature code	s from the List of Plan Character	isuc C		in aic i			
Pari	V Compliance Questions			_		. 1			
40					Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contribu			10a	_	х			
	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions reported	10b	-	х		50.	,000
C	Ishe the plan covered by a fidelity bond?			10c	X				
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	nd, that was caused by flaud	10d	_	x			
е	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	her person I of the ber	es by an insurance camer, nefits under the plan? (See	100		X			
f	Has the plan failed to provide any benefit when due under the plantage of the	an?	***************************************	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	109	-	ж			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i	<u> </u>				
Par	VI Pension Funding Compliance							1	
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions and comp	olete	Sched	ule SB	(Form	Yes 2	X No
44	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39		******	11a			
	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	or sea	ction 3	02 of E	RISA?	Yes 2	<b>⊠</b> No
12	and a fine to the second of th	on anali	ienhla l						
	If a waiver of the minimum funding standard for a prior year is be	eing amort	ized in this plan year, see listice	tions onth	, and e	enter th	e date of the	e letter ruling Year	) —
	you completed line 12a, complete lines 3, 9, and 10 of Schodu	ule MB (Fo	orm 5500), and skip to line 13.			,			
_	the state of the design of the state of the			******		12b	<u></u>		
<u>b</u>	Curst are minimized reduced community to the beauties.								

Form 5500-SF 2013 Page 3-					
C Enter the amount contributed by the employer to the plan for this plan year      Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)      Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII Plan Terminations and Transfers of Assets			Yes		□ N/A
Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unof the PBGC?  c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):	der the co	13a ntrol		X Yes	0 No No 3) PN(s)
Part VIII Trust Information (optional)  14a Name of trust  ROBERT J. LEE & STEPHEN J. LEE, D.D		14b T	rust's E 26–22	IN 205636	