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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		Complete all entries in accordance	rdance with the instruc	tions to the Form 550	JU-5F.		
Part I	Annual Report	Identification Information					
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/20	13	and ending	12/31/2	2013	
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	nonths))	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descripti	on)				
Part II	Basic Plan Info	rmation—enter all requested inform	nation				
1a Name	of plan				1b	Three-digit	
KRISTINE .	J YOON LIN DDS MS 4	01K PSP				plan number	001
					10	(PN) ▶ Effective date o	001 f plan
					10	01/01/	
	sponsor's name and add	dress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
509 OLIVE SEATTLE,						206-624	
SEATTLE,	VVA 90101				2d	Business code (62121	(see instructions)
3a Plan	administrator's name an	nd address Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							·
4 If the	name and/or EIN of the	nlan anangar has shanged since the	last return/report filed fo	or this plan, optor the	46	FINI	
		e plan sponsor has changed since the mber from the last return/report.	iast return/report filed it	or this plan, enter the	40	EIN	
	sor's name	·			4c	PN	
5a Total	number of participants	at the beginning of the plan year			- 5a		4
b Total	number of participants	at the end of the plan year			- 5b		5
	· ·	account balances as of the end of the		•	. 5c		5
6a Were	e all of the plan's assets	s during the plan year invested in eligil	ble assets? (See instruc	tions.)			X Yes No
,	O .	the annual examination and report of			,		
		? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can					X Yes No
							1
C If the	plan is a defined benef	it plan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late of	or incomplete filing of this return/re	port will be assessed	unless reasonable ca	use is	established.	
SB or Sch		ner penalties set forth in the instruction nd signed by an enrolled actuary, as wolete.					
SIGN	Filed with authorized/	valid electronic signature.	08/30/2014	KRISTINE J YOON L	IN		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	ver/nlan snonsor	Date	Enter name of individ	dual sin	ning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; inclu					number (optional)
•	. •					•	,

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	s V			
	Total plan assets	(a) Beginning of Tea	` '			(b) Ella (32527	7		
	Total plan liabilities	7a 7b							02021		
	Net plan assets (subtract line 7b from line 7a)	7c	4000					6	32527	,	
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) T		<u></u>		
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)	3793	3							
	(2) Participants	8a(2)	1793	1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	8271	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	38580		
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									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
ī	Net income (loss) (subtract line 8h from line 8c)	8i						1	38580)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
_											
Par							1				
10	During the plan year:				Yes	No		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					75	000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	of the ben	efits under the plan? (See			X					
	instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							$\overline{\Box}$	Yes	П	No
110	Enter the unpaid minimum required contribution for current year fr					11a				Ш	
	· · · · · · · · · · · · · · · · · · ·		,				EDICAS	$\overline{}$	Yes	Y	No
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	CUON	ou∠ of	EKISA!		168	^	INO
	(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 a	enter th	l ne date of th	ام ام	tter ru	ina	—
	granting the waiver.	-			, апи с	Day		Yea		y	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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С	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)	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?	Y	es X No	
	If "Yes," 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 coof the PBGC?	ontrol 		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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

				Complete all entries in	accordance with the ins	tructions to the Form 550	0-SF.	Inspection	
Pa	rt I	Annual Repo	ort lo	entification Informat	ion			T TERRETAL TO	_
For	calendar	plan year 2013 o	r fisca	l plan year beginning	а	nd ending			
Α		rn/report is for:	\mathbf{X}	a single-employer plan	a multiple-employer	plan (not multiemployer)	a one	-participant plan	
В	This retu	rn/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 mc	inths)		
С	Check be	ox If filing under:	X	Form 5558	automatic extension	1	DFV	C program	
*** *********************************	sealocatan cod	B . 61 .		special extension (enter des					
	all:		ntorr	nation—enter all requeste	ed information		7		
1a		*	_			'	15	Three-digit plan	
	Kris	tine J Yoo	n L:	in DDS MS 401k PS	}₽			number (PN) ➤ 00	
		30 0.00					1c	Effective date of p	lan
2a				ess; include room or suite n	umber (employer, if for a s	ingle-employer plan)	2Ь	Employer Identification N (EIN) 20-8922	
				,			2c		
	509 O	live Way #:	1633	i				206-624-831	
	Seatt	1.e		WA 98101			2d	Business code (see instr.	}
								621210	
За	Plan ad	iministrator's nam	e and	address X Same as Plan	Sponsor Name San	ne as Plan Sponsor Addres	s 3b	Administrator's Eli	N
							30	A	
							30	Administrator's telephone number	
								releptione number	
4				ponsor has changed since the la	st return/report filed for this pla	n, enter the name, EIN,	4b	EIN	
				turn/report, a Sponsor's name			4c	PN	
5a	Total n	ımber of participa	nts at	the beginning of the plan ye	er				4
b				the end of the plan year					<u>5</u>
<u>C</u> _				balances as of the end of the plant			5c		5
ва				iring the plan year invested				X Yes	No
b	wie you	o cenming a waive	የ ወ፤ ፤በ ለወን ረር	e annual examination and re	iport of an independent qua	allfied public accountant (IC	(PA)	Parison	
				ee instructions on walver et			·	X Yes	No
c				or line 6a or line 6b, the pla s it covered under the PBGC ins					
Cau				complete filing of this ret			No No	ot determined	
Und	er penalti	es of periury and	other	penalties set forth in the inst	ructions. I declare that I be	ed unless reasonable cau	se is estabil	snea,	
Sch	edule SB	or Schedule MB c	comple	sted and signed by an enroll	ed actuary as wall as the	rve examined this relativite; electronic version of this set	ort, including	i, ir applicable, a	
		d belief, it is true.			ad adiabily, as well as the t	electronic varaion of fills (ef	ummepon, ar	id to the best of my	
SIGN	A 41640 A 4245	KON KO			08/29/2014	Kristine J Yoor	Lin		_
HER		ignature of plan		nistrator	Date	Enter name of individual s		n administrator	\dashv
SIGN			•				THE STATE OF		ᅥ
HER	***************************************	ignature of empl			Date	Enter name of individual s	igning as em	ployer or plan spons	ог
Prep	arer's na	me (including firm	name	, if applicable) and address	Include room or suite num	nber (optional) Pre	parer's telepi	hone number (option	al)
									- 1
								- Militagha Ngararan - manan -	
						entre de la companya			

Part III

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Part V

Form	5500-8	E 2	012	
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	istine J Yoon Lin, DDS MS PLLC 20-8922510						
	Form 5500-SF 2013	P	age 2- 🔃				
_					_		
731	t III Financial Information						
7	Plan Assets and Liabilities	apitalia. Geografia	(a) Beginn	ina ei	 F Year	(b) End	of Year
a		7a	(,		3947		632527
b		7b					
c		7c		49	3947	,	632527
3	Income, Expenses, and Transfers for this Plan Year	1	/a\ Δı	moun		(b) To	
а	Contributions received or receivable from:	,0,400.0	14) 73	····	•	by recommendating Marin (1990) exception for property	300 436
		a(1)		37	, 933	pur requirement products and registry that is pur registred in the following in the control of the control of the control of	
	The Partie of the Control of the Con	a(2)	<u> </u>		, 931		
		a(3)				Die Geste von der	dos transportations
Þ,		8b		82	,716		Control Contro
c	4 industrial historial his	8c	grage - Ingila distribution distribution graph - Ingila distribution specification in a specific - Income of Specification and				38,580
ď	Benefits paid (including direct rollovers and insurance premiums	-	Service of the passes in the con-	da nocumbada	oproprocept	grenorios en	
	· · · · · · · · · · · · · · · · · · ·	84				Grand Salaman	10 - 2000 Miles
0		8e				21, 117 118 118 128 128 1 21, 117 118 118 118 118 1	and Address of Address
f		8f				Street will supply out	100000000000000000000000000000000000000
9	Other synapses	8g				Operation of the second of the	And the second of the second o
h h		8h		r coulo portendo por o endo portendo porte	orania de la companya		3 100 100 100 100 100 100 100 100 100 10
!!.		81	occupação en el estado Cardo especialmentes a como en	de de la companya de Companya de la companya de la compa			30 E00
÷		8]	i. idaja iki nga na mata na		Pepinosolii.		38,580
١	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	ا رب				<u>In Assertant</u>	
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of F	Non	Charastaria	No Co	dan lu		
'a	2E 2J 2K 3B 3D	aan	Characteris	tic Co	oeş in	the instruction	15;
þ	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of PI	lon C	horootosiati	o Cod		ha lasturations	
۷,	if the plan provides welfare benefits, enter the applicable welfare reactive codes from the List of Pr	an C	naracteristi	¢ Coa	es in t	ne instructions	5;
	Compliance Questions						
<u>्य।</u>				V	- I N -		
_	During the plan year:		al tax	Yes	No	Amot	ınt
а	Was there a failure to transmit to the plan any participant contributions within the time period desc	CLIDA	[x		
b	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 re		10a	\vdash	Ĥ		
D		ероп	1		ж		
_	on line 10a.)	,	10b	x	_		75000
ç.	Was the plan covered by a fidelity bond?				 		/5000
u	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused b	у гга			l .		
	or dishonesty?		10d		X	4	
9	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance car	,					
	insurance service, or other organization that provides some or all of the benefits under the plan? (500					
	instructions.)		10e		×		. '
1	Has the plan falled to provide any benefit when due under the plan?				X		
а_	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X	100000	g. 10 1. 10 1000
h	If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR						in il
			1 405			 And the second of the second of	Control of the control

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		X	
b	Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported	į		ł	
	on line 10a.)	10b		x	
Ç	Was the plan covered by a fidelity bond?	10c	X		75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	1		ĺ	
	or dishonesty?	10d		X	
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			į	
	instructions.)	10e		×	
f	Has the plan falled to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR				
	2520.101-3.)	10h		x	engage of the process of the control
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	101			be also a consistency of the second of the s

	2320.101-3.)	1 1015	1 1		arika filim	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			en fallen i de la servició de la ser	ed de la comité de de la comité de la comité de la comité destruction de la comité de la comité de la comité de la comité destruction de la comité des la comité de la comité des la comité de la comité des la comité de la comité des la comité de la comité de la comité de la comité de la comité destruction de la comité destruction de la comité destruction	
	exceptions to providing the notice applied under 29 CFR 2520,101-3	10i			And the second	21.50
Par	t VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete Sc	hedule SB			
	Form 5500) and line 11a below)			Ye	33	No
11a_	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		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?		, Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	tions, ai	nd enter the	date of the	letter r	uling
	granting the waiver	nth	Day	Year		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b			

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Kr	istine J Yoon Lin, DDS MS PLLC 20-8922510 Form 5500-SF 2013 Page 3-				
C	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)	12d			
e Par	Will the minimum funding amount reported on line 12d be met by the funding deadline? **VIII** Plan Terminations and Transfers of Assets	[Yes	No	N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
	if "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	Ţ		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes	X No
C	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) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a		Trust's El	N		

2013 Form 5500-SF e-file Signature Authorization

Kristine J Yoon Lin, DDS MS PLLC Kristine J Yoon Lin DDS MS 401k PSP 001 509 Olive Way #1633 Seattle, WA 98101

Employer Identification Number: 20-8922510

Client Identification Number: 24001

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2013 Form 5500-SF for Kristine J Yoon Lin DDS MS 401k PSP as an EFAST2 Service Provider.

Authorization

As plan administrator for Kristine J Yoon Lin DDS MS 401k PSP, I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2013. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization V CV Date: 8/29/14