Form 5500-S	F Short Form Annu	•	ort of Small Emplo	oyee	O	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	, This form is required to be fil	Benefit Pla		-	2	015
Department of Labor Employee Benefits Security Admini	Income Security Act of 197		6057(b) and 6058(a) of the		This For	m is Open to Inspection
Pension Benefit Guaranty Corpo	Complete all entries in		nstructions to the Form 55	00-SF.		
	port Identification Information 5 or fiscal plan year beginning 01/01		and ending 12	/31/2015		
A This return/report is for:	X a single-employer plan		er plan (not multiemployer) g employer information in ac		0	
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mo	onths)		
C Check box if filing unde	r: X Form 5558	automatic extensi	on		FVC prograr	n
Part II Basic Plan	Information—enter all requested i					
<b>1a</b> Name of plan KRISTINE J YOON LIN DD				(PN)	umber	001
				IC Ellecti	ve date of p 01/01/2	
Mailing address (includ	employer, if for a single-employer plan) le room, apt., suite no. and street, or P. rovince, country, and ZIP or foreign pos		instructions)	2b Employ (EIN)	yer Identific 20-892	ation Number 2510
KRISTINE J YOON LIN, DDS				2c Spons	or's telepho 206-383	
600 UNIVERSITY ST STE 27 SEATTLE, WA 98101	700			2d Busine	ess code (se 621210	e instructions)
<b>3a</b> Plan administrator's na	me and address Same as Plan Spor	nsor.		<b>3b</b> Admin	istrator's Ell	٩
				3c Admin	istrator's tel	ephone number
4 If the name and/or EIN	l of the plan sponsor has changed since	e the last return/report fil	ed for this plan, enter the	4b EIN		
name, EIN, and the pl <b>a</b> Sponsor's name	an number from the last return/report.			<b>4c</b> PN		
5a Total number of partic	pants at the beginning of the plan year			5a		3
	pants at the end of the plan year with account balances as of the end o		2	5b		3
	s with account balances as of the end o			5c		3
<b>d(1)</b> Total number of act	ve participants at the beginning of the p	olan year		5d(1)		2
e Number of participant	ive participants at the end of the plan yes that terminated employment during the	e plan year with accrue	d benefits that were less	5d(2) 5e		1
Caution: A penalty for the Under penalties of perjury a	e late or incomplete filing of this return and other penalties set forth in the instru- ted and signed by an enrolled actuary, a complete	rn/report will be asses uctions, I declare that I h	sed unless reasonable cau ave examined this return/rep	ort, including	g, if applicat	
	prized/valid electronic signature.	09/22/2016	KRISTINE J YOON LI	N		
HERE Signature of	plan administrator	Date	Enter name of individu		s plan admir	istrator
SIGN HERE Signature of						n nlon creation
	e <b>mployer/plan sponsor</b> firm name, if applicable) and address (	Date include room or suite nu	Enter name of individumber )	Preparer's t		
For Paperwork Reduction Ac	t Notice and OMB Control Numbers, see t	he instructions for Form !	500-SF.		Fr	rm 5500-SF (2015)

<b>6a</b> Were all of the plan's assets during the plan year invested in eligi	hle assets?	(See instructions)					Yes No
<b>b</b> Are you claiming a waiver of the annual examination and report of		· ,					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					X Yes No
<ul><li>If you answered "No" to either line 6a or line 6b, the plan can</li><li>C If the plan is a defined benefit plan, is it covered under the PBGC</li></ul>						-	No Not determined
Part III Financial Information				021):		103	
_			f V		T		
7 Plan Assets and Liabilities	70	(a) Beginning	<u>1 of tea</u> 697		+		(b) End of Year 708506
a Total plan assets b Total plan liabilities			007	504			100300
C Net plan assets (subtract line 7b from line 7a)			697	384			708506
<ul> <li>8 Income, Expenses, and Transfers for this Plan Year</li> </ul>		(a) Amou					(b) Total
a Contributions received or receivable from:							
(1) Employers	8a(1)		35	099			
(2) Participants	8a(2)		18	800			
(3) Others (including rollovers)	8a(3)				_		
<b>b</b> Other income (loss)	8b		-17	323			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		36576
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		25	454			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	<b>8g</b>						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25454
i Net income (loss) (subtract line 8h from line 8c)							11122
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3B 3D	n feature coo	des from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:
Part V Compliance Questions							
<b>10</b> During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribing described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary Fi	duciary Correction	10a		×		
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х		
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х			75000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity bor	id, that was caused	10d		Х		
carrier, insurance service, or other organization that provides so	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		
<b>f</b> Has the plan failed to provide any benefit when due under the pl	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g	Х			0
<b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance						•	

11	1 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)				
11a	Enter the unpaid minimum required contribution 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 30	02 of EF	RISA?	Yes	X No

Form 5500-SF 2015

Page **3** - 1

					1				
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract 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?									
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b	<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>						ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):							erage nefit test		
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?						No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	es 🗌 No				
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

## 2015 Form 5500-SF e-file Signature Authorization

Kristine J Yoon Lin, DDS MS PLLC Kristine J Yoon Lin DDS MS 401k PSP 001 600 University St Ste 2700 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 2015 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 2015. 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 \_\_\_\_\_ Date: / 9/6

Form 5500-SF	Short Form Annual R	oturn/Danart	of Canall Employe		OMB Nos.	1210-0
Department of the Treasury Internal Revenue Service	E	Benefit Plan	or Small Employe	e		1210-00
Department of Labor imployee Benefits Security Administration	Department of Labor Benefits Security Administration 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					
Pension Benefit Guaranty Corporation	_	venue Code (the Code).	, one coolar of the montain	Thi	s Form is Op	nen to
	Complete all entries in accord	dance with the incter	utions to the Form FEAD S		ublic inspec	
art I Annual Report	Identification Information		icuons to the Form 5500-3	r.]		
or calendar plan year 2015 or fi	scal plan year beginning		andina			
This return/report is for:			ending an (not multiemployer) (Filer	chocking	this box must	t attac
[		list of participating em a foreign plan	ployer information in accord	ance with the	he form instru	ictions)
3 This return/report is:	the first return/report	the final return/report				
			m/report (less than 12 month	(a)		
C Check box if filing under:	X Form 5558	automatic extension			program	
	special extension (enter descriptio	n)			program	
Part II   Basic Plan In	formation-enter all requested info					
1a Name of plan	enter all requested inic	Amation		1.4	terration and the second second	1
	Lin DDS MS 401k PSP			16	Three-digit plan	
				10	number (PN) Effective dat	
A	North Construction of the Architecture of the				01/01/2	•
2a Plan sponsor's name (em Mailing address (include a	ployer, if for a single-employer plan)		ىلىيان يواد الإيجابيية مينيا الدوريات فياليك الإيراني ويستخرك الإل كالياري	2b	Employer Identifi	
City or town, state or prov	oom, apt., suite no. and street, or P.O. ince, country, and ZIP or foreign posta	Box) Code (if foreign see	instructions)		Chipicyol Idensi	
Kristine J Yoon	Lin, DDS MS PLLC			1.2.2	(EIN) 20-8	1922
				2c	Sponsor's taleph	A COLORED TO A COL
600 University S	St Ste 2700				206-383	-800
600 University S Seattle	ut Ste 2700 WA 98101			2d	206-383 Business code (	
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Kristine	J	Yoon	Lin,	DDS	MS	PLLC
	Forn	n 5500-S	F 2015			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public	accol	untant	(IQPA	 \)		X	Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X	Yes 🗌 No
	f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and mus							
	f the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?				Yes		lo 🗌 I	Not determined
	t III Financial Information							
7	Plan Assets and Liabilities		(a) Be	ainni	ing of	Year	(b) [	End of Year
_ <u>/</u>		7a	<u>(u)</u> D(	ginn		384	(10/1	708506
<u>a</u> b		7b						
 C	$(1, 1, 2, \dots, 2, 1, 1, 2, 1, 2, 2, 2, \dots, 2, 2, 2, 2, 2, 2, 2, \dots, 2, 2, 2, 2, 2, \dots, 2, 2, 2, 2, \dots, 2, 2, \dots, $	7c			69	384		708506
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	10		(a) Ar	noun			(b) Total
 a	Contributions received or receivable from:			uj 7 u	noun			
a		Ba(1)			35	099		
		Ba(2)			COLUMN DATE OF A	800		
		8a(3)					1	
b		8b			-17	323		
	Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						36,576
 d	Benefits paid (including direct rollovers and insurance premiums							
u		8d			25	454		
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e					Charles in	
e	Administrative service providers (salaries, fees, commissions)	8f						
		8g				1		
 	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	THE R			1.2.4.4.4		25,454
<u>h</u>		8i						11,122
_ <u>+</u> _	Net income (loss) (subtract line 8h from line 8c)	8j						/
	Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics	-1						
В	2E 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of R	Plan (	Charac	teristi	c Cod	es in th	e instru	ictions:
Par	t V Compliance Questions					<u>г г</u>		-
10	During the plan year:			Yes	No	N/A		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		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		10b		x			
				v		Carlos Fr		75000
C	Was the plan covered by a fidelity bond?		. 10c	X		1.1.1		75000
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		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 instructions.)		. 10e		x			
					x			
	Has the plan failed to provide any benefit when due under the plan?							0
 	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		. 10g	X			1111	
h	2520.101-3.)		10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the					1 Partie	- 1 <sub>1</sub> .	
•	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i				4	A second
			. 10i					
	Did the plan trust incur unrelated business taxable income?				L	II		
	t VI Pension Funding Compliance		doom	loto (	Sohod			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500) and line 11a below)				·····	+		Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line					11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se		302 of E	RISA?				Yes X No

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Kristine J Yoon Lin, DDS MS PLL Form 5500-SF 2015	C 20-8922510	Page 3-	]	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and	12e below, as applicable.)			
a If a waiver of the minimum funding standard for	a prior year is being amortized in this plan year, see	instructions, an	d enter the da	te of the letter ruling
granting the waiver.		Month	Day	Year
	d 10 of Schedule MB (Form 5500), and skip to line		401	
	plan year		12b 12c	
	o the plan for this plan year t in line 12b. Enter the result (enter a minus sign to th			
			12d	
e Will the minimum funding amount reported on li	ne 12d be met by the funding deadline?		Yes	No N/A
Part VII Plan Terminations and Transfe				
13a Has a resolution to terminate the plan been add			Yes	<b>X</b> No
If "Yes," enter the amount of any plan assets th	at reverted to the employer this year		13a	
b Were all the plan assets distributed to participa	nts or beneficiaries, transferred to another plan, or bro	ought under the	control	Yes X No
of the PBGC?				
• • •	were transferred from this plan to another plan(s), ide	ntify the plan(s)	to	
which assets or liabilities were transferred. (Se	e instructions.)	130(	2) EIN(s)	13c(3) PN(s)
13c(1) Name of plan(s):		130(2		
Part VIII Trust Information				
4a Name of trust			14b Trust's	EIN
<b>14c</b> Name of trustee or custodian				's or custodian's
			telepho	ne number
Part IX IRS Compliance Questions				
			Yes	No No
			Design	
15b If "Yes," how does the 401(k) plan satisfy the no matching contributions (as applicable) under sec	ndiscrimination requirements for employee deferrals a tions 401(k)(3) and 401(m)(2)?		based harbor methoo	safe ADP/ACP
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan	perform ADP/ACP testing for the plan year using the	'current year	Yes	∏ No
testing method" for nonhighly compensated emp	loyees (Treas. Reg sections 1.401(k)-2(a)(2)(II) and 1	.401(m)-		
2(a)(2)(ii))?				
	- when to activity the activerage requirements under ser	tion (10(b))	Ratio	tage Average
<b>16a</b> Check the box to indicate the method used by th	e plan to satisfy the coverage requirements under sec		test	benefit test
		nahinin a		
<b>16b</b> Does the plan satisfy the coverage and nondiscr	imination tests of sections 410(b) and 401(a)(4) by co ve aggregation rules?	gniniam	Yes	No
<b>17a</b> Has the plan been timely amended for all require	d tax law changes?		Yes	No N/A
<b>17b</b> Date the last plan amendment/restatement for th	e required tax law changes was adopted	. Enter	r the applicab	le code
(See instructions for tax law changes and codes)				
470 If the plan energy is an edeptor of a pro-approx	ed master and prototype (M&P) or volume submitter p	lan that is subi	ect to a favora	able IRS opinion or
advisory letter, enter the date of that favorable le	tter and the letter's serial number	er		
<b>17d</b> If the plan is an individually-designed plan and re	eceived a favorable determination letter from the IRS,	enter the date	of the plan's la	ast favorable
determination letter			T	
18 Is the Plan maintained in a U.S. territory (i.e., Pu	erto Rico (if no election under ERISA section 1022(i)(	2) has been	Yes	No No
made), American Samoa, Guam, the Commonw	ealth of the Northern Mariana Islands or the U.S. Virg	in Islands)?		
19 Were in-service distributions made during the pla	an year?		Yes	No
			19	
20 Were required minimum distributions made to 5%	$^{\prime\prime}$ owners who have attained age 70 $^{\prime\prime_2}$ (regardless of	whether or not	Yes	🗌 No 🗌 N/A
retired), as required under section 401(a)(9)?				