Form 5500-SF		Short Form Annu	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be file	4065 of the Employee Retiremen	2016					
Employee Be	epartment of Labor enefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
_	enefit Guaranty Corporation		accordance with the inst	tructions to the Form 5500-SF.					
For calenda	Annual Report IC	dentification Information al plan year beginning 01/01/2	016	and ending 12/31/2010	)				
	urn/report is for:	a single-employer plan		olan (not multiemployer) (Filers ch mployer information in accordance	-				
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)					
C Check	C program								
		special extension (enter descr	,						
Part II		mation—enter all requested inf	ormation	41 -					
<b>1a</b> Name KRISTINE J	of plan YOON LIN DDS MS 401	IK PSP		pl (F	nree-digit an number N) ▶ 001				
					fective date of plan 01/01/2008				
Mailing	ponsor's name (employe address (include room, town, state or province,	(F	nployer Identification Number N) 20-8922510						
	YOON LIN, DDS MS PL			ponsor's telephone number 206-383-8008					
600 UNIVERSITY STREET, STE 2700 SEATTLE, WA 98101				<b>2d</b> Bu	2d Business code (see instructions) 621210				
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.	<b>3b</b> Ac	ministrator's EIN				
				3c Ad	ministrator's telephone number				
		plan sponsor has changed since to be from the last return/report.	the last return/report filed	for this plan, enter the <b>4b</b> El	N				
a Sponse	or's name			<b>4c</b> PI	۱				
5a Total r	number of participants at	t the beginning of the plan year			3				
		the end of the plan year			1				
		count balances as of the end of			1				
• • •	•	cipants at the beginning of the pla							
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued be	enefits that were less 5e	1				
		incomplete filing of this return		d unless reasonable cause is es	tablished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/report, incl ersion of this return/report, and to	uding, if applicable, a Schedule				
SIGN	Filed with authorized/va		08/26/2017	KRISTINE J YOON LIN					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual signi	ng as plan administrator				
SIGN									
HERE	Signature of employe	Signature of employer/plan sponsor Date Enter name of individu							
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numb	per) Prepar	er's telephone number				
		see the Instructions for Form FEOD			Form F500 SE (2016)				

4292

15385

72632

6a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant ( tions.) orm 5500-SF and must instead us	IQPA) Xes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	708506	781138
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	708506	781138
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	3368	
	(2) Participants	8a(2)	18000	
	(3) Others (including rollovers)	8a(3)		
b		8b	66649	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		88017
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11093	

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3B 3D

8e

8f

8g

8h

8i

8j

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

## Part V Compliance Questions

Part IV Plan Characteristics

i

j

e Certain deemed and/or corrective distributions (see instructions)

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

g Other expenses.....

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

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

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

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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			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		Х		
e	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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	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 le 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

## 24001 08/26/2017 2:19 PM

## 2016 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 Street, Ste #2700 Seattle, WA 98101

Employer Identification Number: \*\*-\*\*\*2510

Client Identification Number: 24001

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2016 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 2016. 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 74th Mahn Date: 9/8/2017

01 08/26/2017	2:19 PM					0115.11	010 011		
Depa	rtm 5500-SF	Short Form Annual R	Return/Report Benefit Plan	of Small Employ	/ee	OMB Nos.	1210-0110 1210-0089		
	rnal Revenue Service	This form is required to be filed un	t	2016					
Employee Benefits Security Administration					Thi	This Form is Open to			
Pension I	Benefit Guaranty Corporation	Complete all entries in accor	dance with the instr	uctions to the Form 550	D-SF. P	ublic Inspecti	on		
Part I		Identification Information		2 PD					
		cal plan year beginning		d ending		<u></u>	- 44 14		
A This re	eturn/report is for:		list of participating en	olan (not multiemployer) (F nployer information in acco	ordance with the	this box must ne form instruc	attach a tions.)		
	L	a one-participant plan	a foreign plan						
B This re	eturn/report is		the final return/report	rn/report (less than 12 mo	nths)				
						program			
<b>C</b> Check	box if filing under:		automatic extension			program			
	L	special extension (enter descriptio	n)						
Part II	Basic Plan Info	ormation—enter all requested info	rmation						
	ne of plan				1b	Three-digit plan	001		
Kr	istine J Yoon	Lin DDS MS 401k PSP			10	number (PN)	*****		
	*				1c	Effective dat 01/01/2			
2a Plar	sponsor's name (empl	oyer, if for a single-employer plan)			2b	Employer Identifie	cation No.		
Mai	ing address (include roo	om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign postal	Box)	instructions)					
		in, DDS MS PLLC	i code (il loreign, see	instructions)		(EIN) **-*	**25		
KL1	Strue o 100m H	III, DDS NO 1110			2c	Sponsor's telepho			
600	University St	reet, Ste #2700				206-383	-8008		
					2d	Business code (s	ee instr.)		
Sea	ttle	WA 98101				621210			
		and address 🗴 Same as Plan Spon			3b	Administrate			
3a Plar									
					3c	Administrato	or's		
						telephone n	umber		
4 If the	name and/or FINI of the pl	an sponsor has changed since the last retu	rn/report filed for this play	enter the name FIN	4b	EIN			
		ast return/report. a Sponsor's name			4c	PN			
		s at the beginning of the plan year			-				
		s at the end of the plan year							
C Nur	nber of participants with	account balances as of the end of th	ne plan year (only defi	ned contribution plans	5c				
	plete this item)								
		articipants at the beginning of the plan			E 1/0)				
	otal number of active pa	articipants at the end of the plan year t terminated employment during the p	lan year with accrued	henefits that were less					
					5e				
		or incomplete filing of this return/re			use is establi	shed.			
Under ne	alties of periury and ot	her penalties set forth in the instruction mpleted and signed by an enrolled ac	ons. I declare that I ha	ve examined this return/re	port, including	, if applicable,	a of my		
	e and belief, it is true, c	orrect, and complete.							
SIGN	V BOUT M	whin	08/26/2017	Kristine J Yoo					
HERE	Signature of plan a	dmihistrator	Date	Enter name of individual	signing as pla	an administrate	or		
SIGN	Signature of employ	worlnlan enonsor	Date	Enter name of individual	signing as en	nplover or plar	sponse		
and the second		name, if applicable) and address (inclu			reparer's telep				
Topulor									
For Dence	work Reduction Act Not	ice, see the Instructions for Form 5500	-SF			Form 550	0-SF (20		
ror raper	WORK REDUCTION ACT NOT	ise, see the manufulne for rorm 5500							

24001 08/26/2017 2:19	PM					
Kristine	J	Yoon	Lin,	DDS	MS	PLLC
F	orr	n 5500-S	SF 2016			

<u>Co.</u>	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No
	Are you claiming a waiver of the annual examination and report of an independent qualified public	accou	ntant	(IOPA	 )		
	the second s						X Yes No
. L	f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and mu						
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?			$\square$	Yes		lo 🗌 Not determined
				[]	100		
Par			(a) Be	ginni	na of	Year	(b) End of Year
7	Plan Assets and Liabilities	7a		, ginni		3506	781138
<u>a</u>	Total plan assets	7b					
b	Total plan liabilities	7c			708	3506	781138
<u> </u>	Net plan assets (subtract line 7b from line 7a)	-10		(a) An			(b) Total
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:				Tound	1	()
а		8a(1)			3	368	
	(T) Employers	8a(2)				000	
	(z) randopante	8a(3)			10,		
	(c) othere (mondaring removement)	8b			66	649	And the second sec
b	Other income (loss)	8c			00,	010	88,017
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-00			100		
d	Benefits paid (including direct rollovers and insurance premiums	8d			11	,093	
	to provide benefits)	8e			<u></u>	,035	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8f			4	292	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8g			/	232	
g	Other expenses	8h			1.20	The second second	15,385
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i					72,632
	Net income (loss) (subtract line 8h from line 8c)	8j			11.7.1	1.2.2.2	12,052
Instant Carlo	Transfers to (from) the plan (see instructions)	oj					
	t IV Plan Characteristics		~		. 0.		he instructions:
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	f Plan	Chara	cterist	IC CO	des in t	ne instructions.
	2E 2J 2K 3B 3D				0.1	a a i a Ala	a instructions:
В	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan C	narac	teristic	Coa	es in th	e instructions.
100000000	and the second sec						
	t V Compliance Questions			Yes	No	N/A	Amount
10	During the plan year:		T	165	NO	IN/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						
D	reported on line 10a.)		10b		x		
				x			75000
C	Was the plan covered by a fidelity bond?		. 10c	•			/5000
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	1. 1. 1.	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance						
v	carrier, insurance service, or other organization that provides some or all of the benefits under					Constanting of the	
	the plan? (See instructions.)		10e		X		
f	Has the plan failed to provide any benefit when due under the plan?		. 10f		x		
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		x	1 mar	
<u> </u>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					1253	
	2520.101-3.)		10h		x		
	If 10h was answered "Yes," check the box if you either provided the required notice or one of th	e				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i				
	oneophone to promaing the nettee applied and the errit addition of						

Kristine J Yoon Lin, DDS MS PLLC Form 5500-SF 2016 \*\*-\*\*\*2510

Par	t VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	omplete Sch	nedule S	в	_	
	(Form 5500) and line 11a below)			]	Yes	X No
11a	Enter the unpaid minimum required contributions 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 Coo	de or section	n 302 of		_	
	ERISA?				Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ructions, and	d enter t	he dat	e of the lef	ter ruling
	granting the waiverN	/lonth	Day		Year	
lf	rou 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		. 12	5		,
C	Enter the amount contributed by the employer to the plan for this plan year			c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le					
	negative amount)		. 12	b		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
	t VII Plan Terminations and Transfers of Assets					
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		. 13	a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt under the				
~	control 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)	to			
•	which assets or liabilities were transferred. (See instructions.)					
	<b>13c(1)</b> Name of plan(s):	13c(2	2) EIN(:	3)	13c(3)	PN(s)
Par	t VIII Trust Information					
	Name of trust		14b T	rust's E	EIN	
1-14						
140	News of twister or evelopin		14d T	rustee'	's or custo	dian's
14C	Name of trustee or custodian				ne number	
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Desig		1 1	"Prior ye	ar" ADP
	401(k)(3) for the plan year? Check all that apply:		harbor		- test	
			ent year	" Γ	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ratio	entage		rage	N/A
	year? Check all that apply:	test	mage	ben	efit test	
16h	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)					
100	for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Ye	3		No No	
47	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of	ninion letter	or advis	orv let	tter enter t	he date o
1/a	If the plan is a master and prototype plan (M&P) of volume submitter plan that received a lavorable into op					
	the letter and the serial number					
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	er the date of	of the m	ost rec	cent detern	nination
	letter					
40	Defined Benefit Plan or Money Purchase Pension Plan Only:					
18	Were any distributions made during the plan year to an employee who attained age 62 and had not separ	ated from		es	□ N	0
	were any distributions made during the plan year to an employee who attained age 02 and had not separ service?					
	service /					
40	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			/es	ΠN	o
19	was any plan participant a 5% owner who had attained at least age 70 /2 during the phot plan years					