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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500)-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 10/01/200	9	and ending 1	2/31/2	2009			
Α .	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В .	This return/report is for:	X first return/report	final retur	n/report		_			
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	extension		DFVC progra	am				
	Shook box ii iiiing undon.	X Form 5558 Special extension (enter description							
Do	rt II Pacia Plan Infor	_ ` ` ` ` `	·						
		mation—enter all requested inform	ation		1h	Three-digit			
	Name of plan STIC SURGERY SEATTLE, P.S	S. 401(K) PLAN			10	plan number			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. 10 1(1.) 1 2. 11				(PN) •	002		
					1c	Effective date of			
						10/01/2			
	•	ess (employer, if for single-employer	plan)		2b	Employer Identi		nber	
PLAS	STIC SURGERY SEATTLE, P.S	o.			(EIN) 20-1191284 2c Plan sponsor's telephone number				
1600	E. JEFFERSON ST.				20		:0-2270	ullibei	
SUIT	E 501 TLE, WA 98122-5648				2d	Business code	(see instruct	tions)	
						621111			
	Plan administrator's name and STIC SURGERY SEATTLE, P.S	address (if same as Plan sponsor, e			3b	Administrator's 20-119			
I LAC	THO CONCERT CEATTEE, T.C	SUITE 501			3c	Administrator's		umber	
		SEATTLE, W	/A 98122-5	5648			0-2270	arribor	
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
- 1	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		1 c	PN			
5a	Total number of participants as	t the beginning of the plan year			тс 5а	TIN		0	
				}				0	
	·	t the end of the plan year		ļ	5b			6	
С		rith account balances as of the end of		The state of the s	5c			6	
6a	,	during the plan year invested in eligib		•			X Yes	No	
		he annual examination and report of							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes	No	
D-		ner 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
	rt III Financial Inform	ation			1				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year	200000	
	Total plan assets		7a	0			2	229336	
b	'		7b	_				0	
	•	7b from line 7a)	7c	0				229336	
8	Income, Expenses, and Trans			(a) Amount		(b)	Total		
а	Contributions received or rece (1) Employers	ivable from:	8a(1)	3598					
	., , ,		8a(2)	2928	-				
	, ,	:)		219282					
b	` ` ` ` ` `		` '	3528	_				
C	, ,	8a(2), 8a(3), and 8b)		0020				229336	
d		rollovers and insurance premiums							
-			. 8d	0					
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	0					
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	0					
g	Other expenses		. 8g	0					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h					0	
i		e 8h from line 8c)					2	229336	
i	Transfers to (from) the plan (se	ee instructions)	. 8i	0					

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Part IV	Plan	Charac	teristics

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

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
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				
C	Was the plan covered by a fidelity bond?	10c		X				
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					1691
f	Has the plan failed 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					51271
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA?		Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Month							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			- 7 -				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	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 up of the PBGC?						Yes	X No
С	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.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
ВВ о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/05/2010	JOURDAN R GOTTLIEB				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/05/2010	JOURDAN R GOTTLIEB				
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

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 section 6058(a) of the

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Internal Revenue Code (the Code). Inspection. ► Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information

For	the calendar plan year 2009	or fiscal plan year beginning		10/01/	/2009	and ending	12,	/31/2009	
Α.	This return/report is for:	x single-employer plan	m	ultiple-em	ployer plan (r	not multiemployer)		one-participar	nt plan
В -	This return/report is for:	x first return/report	fir	nal return/r	report				
		an amended return/report	x st	nort plan y	ear return/rep	oort (less than 12 month	ıs)		
С	Check box if filing under:	x Form 5558	au	utomatic e	xtension			DFVC progra	m
	-	special extension (enter descrip	tion)						
Pa	ert II Basic Plan Info	ormation enter all requested in	nforma	ation.					
	Name of plan							Three-digit	
	Plastic Surgery Sea	ttle, P.S. 401(k) Plan						olan number PN) ►	002
		•						Effective date of	plan
								10/01/2009	
2a	Plan sponsor's name and ad Plastic Surgery Sea	dress (employer, if for single-employer)	er plan	1)				=mpioyer identii EIN) 20-119	fication Number 91284
	Plastic bulgery bea	ccie, r.s.					2c F	Plan sponsor's t	elephone number
	1600 E. Jefferson S	t.						(206) 320-2	
US	Suite 501 Seattle	WA 98122-5648						Business code (521111	see instructions)
		nd address (If same as plan employe	r, ente	r "Same")				Administrator's I	ΞίΝ
	Same								
							3c /	Administrator's I	elephone number
4	If the name and/or EIN of the	e plan sponsor has changed since the	e last r	eturn/repo	ort filed for thi	s plan, enter the	4b 1	ΞίΝ	
	name, EIN and the plan num	nber from the last return. Sponsor's N	ame				4c	⊃N	
5a	Total number of participants	at the beginning of the plan year .					5a		0
b	Total number of participants	at the end of the plan year					5b		6
C	Total number of participants	with account balances as of the end	of the	plan year	(defined ben	efit plans do not	5c		6
6a		during the plan year invested in eligit							X Yes No
b		the annual examination and report o					- •		
	under 29 CFR 2520.104-467	?-(See instructions on waiver eligibility	and c	conditions.)				X Yes No
		ther 6a or 6b, the plan cannot use F	orm !	5500-SF 2	na must ins	lead use Form 5500.			
	art III Financial Info	rmation		. 10" (S.A.)	/a\ F	loginning of Voor	1	(b) End	of Voar
7	Plan Assets and Liabilities		-	1 (A)	(a) E	Beginning of Year 0	-	(n) cna	
a b	•			7a 7b		U	-		229,336 0
	Total plan liabilities		• •			0	-		229,336
<u>c</u>	Net plan assets (subtract line		• •	7c			-	/LV	Total
8	Income, Expenses, and Trai		-	1111111		(a) Amount		(D)	i otal
а	Contributions received or re- (1) Employers			8a(1)		3,598	_		
	, , , ,			8a(2)		2,928			
	(3) Others (including rollove	ers)		8a(3)		219,282			
b	Other income (loss)			8b		3,528			
C), 8a(2), 8a(3), and 8b)		8c				· · · · · · · · · · · · · · · · · · ·	229,336
d	, , ,	ct rollovers and insurance premiums		8d		0			
е		ective distributions (see instructions)		8e	,	0			
f		ders (salaries, fees, commissions)		8f		0			
g g	Other expenses			8g		0			
h	·	d. 8e. 8f. and 8q)		8h	12/47		**.		0
i	Net income (loss) (subject li			8i					229,336
i		(see instructions)		8j		0			
	(F	<u> </u>							FEDD CE (2000)

	Form \$500-SF (2009)	Pi	igo 2-						
Part	IV Plan Characteristics	Carlo Marketina com allectina representante acceptante in acceptante in acceptante in acceptante in acceptante	. <u> </u>		n. branch; branch	A	····	***************************************	a anna a sa anna a dhaireann a dhairean
9a 1	the plan provides pension benefits, enter the applicable pension feats 2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature.								ngan gang gallagi, di Sanara dilakter di send
D.= 11	V Compliance Questions	and the state of t						***************************************	
Par					Yes	No		Amount	
10 a	Ouring the plan year: Was there a fallure to transmit to the plan any participant contribution	s within the time nario	t descriped in						***************************************
b	29 CFR 2510.3-1027 (See instructions and DOUs Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (i	y Correction Program) Do not include transac	tions raported	10a		x		Commended and the control of the control of	adjulacijem orbjet kao o o oprov
	on line 10a.)		ŀ	10tı				~~ ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	
C	Was the plan covered by a fidelity bond?			10c	Argent Participa	X		rated the state of	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonosty?			10d	and the same of th	x		A CO BACK TO LANGUAGE TO SHARE THE PARTY OF	88 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20
е	Were any fues or commissions paid to any brokers, agents, or other rinsurance services or other organization that provides some or all of instructions.)	the benefits under the	plan? (See	10e	X.				1,691
f	Has the plan failed to provide any benefit when due under the plan?			101		х			
g	Did the plan have any participant leans? (If "Yes," enter amount as o	of year end.)		10g	×		****************	Attention menusure Ambiert	51,271
_	if this is an individual account plan, was there in blackout period? (Se $2520.101 \cdot 3.$)	e instructions and 29	CFR	waters = 1,0		x	, is disting now delicity of the control of the policity of the least	The Company of Earth source &	gy finger an (i gga gap nga di ina ca
į	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520, 101-3			101					
Par	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirement 5500)]							[] \rangle	[X]No
12 a	to this a defined contribution plan subject to the minimum funding re- (If "Yes," complete 12a or 12b, 12c, 12d, and 12c below, as applical If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this plan	year, see instruction	48, ZO	nd ent	er the	date of the		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M				Γ	12b		************************	***************************************
b	Enter the minimum required contribution for this plan year					12c	***************************************	***************************************	na mining ang managanan na pinang ang ang
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter to negative amount)	ne result (enter a minu	s sign to the left of a	1	ľ	128		***************************************	
e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline? .			. ,		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	[]No	□N/A
Part	VII Plan Terminations and Transfers of Assets							***************************************	
13a	Has a regolution to terminate the plan been adopted during the plan	year or any prior year	7					, Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, I of the PBGC?							. Yes	[<u>X</u>]Na
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the pl	lan(s		rayan ing yapı başı sa		-	ehopy had had better a god to
	13c(1) Name of plan(s):	THE PERSON OF TH	inga ambiada (tagka antaba apini papita) parti parti (2 tin 12		13	3c(2) E	M(s)	13c(3) PM(s)
								ŀ	
**************************************				**********	***************************************		billilli alliable beta accord		
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed uni	ess reasonable cau	uso i	s osta	blishe	od.		
SB o	r penaities of porjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as woll a if is true, correct, and complete.								
	+ The usual	10.04.201	Jourdan R. G		l í ab	w.r			
SIC		Date	Enter name of indi				olan admo	distrator	menandan va. 10.1
								entrette entret en entrette en	Property
SIC		Date	Enter name of indi	vido	nl nine	ina ne	ompleon:	nr nlan enor	vent.
	RE Signature of employer/plan sponsor	A Care	Learner Delate Of 6101	******	· · · · · · · · · · · · · · · · · · ·	1 <u>H</u> 113	Entholyet C	v bene shot	

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