Form 5500-SF Short Form Annual				Report of Small Emplo	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed			~~~	2009			
Department of Labor Retirement Income Security			Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Ins	pection		
		entification Information							
For	calendar plan year 2009 or fisca	7 7 7 7		and ending	12/31/2	—			
	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participa	nt plan		
B	This return/report is for:	first return/report	final retur	•					
•		an amended return/report	•	year return/report (less than 12 m	onths)				
C	Check box if filing under:	Form 5558		extension		DFVC progra	m		
De	rt II – Basia Dian Inform	special extension (enter descriptio	,						
	Art II Basic Plan Inform	nation—enter all requested information	ation		1b	Three-digit			
		D FACIAL PLASTIC SURGERY PLL	-C 401(K)	PLAN		plan number (PN) ▶	001		
					1c	Effective date of 01/01/2			
		ess (employer, if for single-employer FACIAL PLASTIC SURGERY, PLLC			2b	Employer Identif (EIN) 26-3004			
	S 12TH AVE, NUMBER 12					509-57			
	MA, WA 98902					Business code (621111			
YAKI	Plan administrator's name and MA OTOLARYNGOLOGY AND GERY, PLLC	address (if same as Plan sponsor, er FACIAL PLASTIC 307 S 12TH / YAKIMA, WA	AVE, NUM	,		Administrator's I 26-3004	4941		
						3c Administrator's telephone number 509-575-7500			
	f the name and/or EIN of the pla name, EIN, and the plan numbe	4b	4b EIN						
						PN			
5a		the beginning of the plan year			· 5a		5		
b Total number of participants at the end of the plan year							5		
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	. 5c		5		
6a	Were all of the plan's assets d	(See instructions.)			X Yes No				
b		e annual examination and report of a					X Yes No		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	Part III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	•		7a		0		730670		
b	1		7b						
<u> </u>		b from line 7a)	7c		0		730670		
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) T	otal		
а			8a(1)	422	25				
(2) Participants				2722	22				
(3) Others (including rollovers)				63550	06				
b			8b	637 [,]	7				
с С		Ba(2), 8a(3), and 8b)	8c				730670		
d		ollovers and insurance premiums	8d						
е		ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h		3e, 8f, and 8g)	8h				0		
i		8h from line 8c)					730670		
	i ransters to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2K 2J
- **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							
10	During the plan year:		Yes	No	A	moun	t	
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				
С	Was the plan covered by a fidelity bond?	10c		Х				
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				
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		X				
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		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		x				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Ye	es X	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?					es X	No		
	(If "Yes," complete 12a or 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, and enter the date of the letter ruling granting the waiver								
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				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Ye	es X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		1		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Υe	es 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.)							
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	13c	(3) PN	N(s)
Caut	ion. A negative for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ise is i	establi	ished	1		

Caution: A penalty for the late or incomplete filing 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.

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	RICK D. GROSS, MD					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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	Form 5500-SF	96	OM8 Nos. 1210-0110 1210-0589						
	Dependent of the Treasury Interful Revenue Service					2009			
 Ęл	Internal Revenue Service This form is regulared to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6058(s) of the Employee Bensite Security Administration Internal Revenue Code (the Code).					This Form is Open to Public			
	Pension Benefit Gustarity Corporation Complete all entries in accordance with the Instructions to the Form 5500_SF.								
Ps	Report Id	entification Information							
For	calendar plan year 2009 or fiscs	and a state of the second state	01/01/20			12/31/2009			
A 1	This return/report is for:		2 ·	nployor plan (not multiemployer)	Į	ona-participant plan			
81	This return/report is for:	G first return/report	្នុំ ក៏ភេទ៤ Asturr	,					
		an amended return/report	alq horts	year return/report (less than 12 mont		-			
C (Check box if filing under:	G Form 5558	automatic	extension		DFVC program			
		spectal extension (enter descript	ion)		nter the state of the				
Ps	rt II 🔰 Basic Plan Inform	nation-enter all requested infor	nation			an a			
1a	Name of plan YAKIMA OTORLARYNGOI	CCV C PACINI				Three-digit plan number			
				1		(FN) > 001			
	PLASTIC SURGERY PLI	.C		The second se		Effective date of plan			
	401(K) PLAN	a na series na mananiskaniska kata kata kata na sana manana na manana a sa		1919 1919 1910 1910 1910 1910 1910 1910		01/01/2009			
25	Flag appropriate and address and address and address and address and a second and a second address and a second addre	eas (employed if for single-employed)	er plan)		20	Employer Identification Number (EIN) 26-3004941			
	PLASTIC SURGERY, PI			ŀ	****	Plan sponsor's telephone number			
	307 S 12TH AVE, #12	2				(509)575-7500			
		-		WA 98902	20	Business code (see instructions) 621111			
	YAKIMA Elen administrator's name and	address (if same as Plan sponsor,	enter "Same	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3b	Administrator's EIN			
-342	SATE	addrese (il serile de l'init sportout	ALLEN AND ALLEN IN		•••				
					Зс	Administrator's telephone number			
yararata ana a	and a second	an an even we have sharted attack the	weit ratiers (re	ood fied for this plan, entry this	4b	EIN			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name						ġĦĸĸĸĸĊĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ			
			PN						
5a Total number of participants at the beginning of the plan year					<u>5a</u>	5			
b	, .	5b	5						
¢	Total number of participants w complete this item)	<u>5c</u>							
6a	Were all of the plan's assets of	iuring the plan year invested in elig	ible assets7	(See instructions.)		X Yes No			
b	Are you claiming a waiver of t under 29 CER 2520 104-462 /	he annual examination and report See instructions on waiver eligibilit	of an indepei v and conditi	ndent qualified public accountant (IQ) ons.)	·A)	X Yes No			
	If you enswered "No" to eith	ier 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	<u>o.</u>				
Pa	rt III Financial Inform	ation		11. Mar. 19.	·····	an a			
7	Plan Assets and Lipbiblias			(a) Seginning of Year	_	(b) End of Year			
3	Total plan assets				0 730,67				
ь	•				<u> </u>	730,670			
<u> </u>		7b from line 7s)	7c			n e anna ann an ann ann ann ann an Anna Mhardeann ann a' th' th' the			
8	Income, Expenses, and Trans		<u>, 1998, 6</u>	(a) Amount		 tsto'f (d)			
3	Contributions received or received (1) Employers	wable from:	6a(1)	4,22	5 °				
				27,22					
				635,30					
b	4 -	*	1	63,71	7	and the second			
с	Total income (add lines Ba(1),	8a(2), 8a(3), and 8b)			<u>.</u>	730,670			
đ	Benefits paid (including direct to provide benefits)	rollovers and insurance premiums	<u>8</u> c						
¢	Certain deemed and/or correc	tive distributions (see instructions)			18	Manaa ya Maria Ingi Angi a Maria Ingi a sa s			
Ť	Administrative service provide	ra (salaries, fees, commissions)	<mark>81</mark>	аларын түр түрлөлдөн. Таларын түрөн түрөөн түрөө					
g					1	assailiged, beer groupper Story as			
h		8e, 8f, and 8g)			_	220 670			
l		e 8h from line 8c)			4	730,670			
ļ		ee instructions)		an a		Entra 6501.51 (2003)			
ror	Paperwork Reduction Act Notice an	d OMB Control Numbers, see the instru-	ctions for Form	1 \$500-\$F.		Form 5500-SF (2008) v.092308-1			

	L. WE ADDRESS
Form 6600-3F 2008	

Par	V Plan Characteristics						
•••	if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 3D 2E 2F 2G 2K 2J						
b	If the plan provides wolfare benefits, enter the applicable welfare feature codes from the List of Plan Chare	icteric	tic Cor	les in t	he instra	uctions:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amou	*)\$
8	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)						
ь	b Were there any nonecompt transactions with any party-in-interest? (Do not include transactions reported 10b						
Ċ	Was the plan covered by a fidelity bond?	10c		X			A
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?	100		X			1647
\$	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance cartier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x.			
f	Has the plan falled to provide any benefit when due under the plan?	107		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	101		х			
h	if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	1011		x			
1	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		×			
5 au rt	VI Pension Funding Compliance	WICH HIGH AND	-	******	******	*********	
11	te this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and cor 5600))	npiete	Scheo	iule SE	l (Form		Yes X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instru- granting the waiver,	ictions hth	ц влж а (antar ti		of the lett	Yes 🔀 No er ruling
ь				12b			
c	Enter the amount contributed by the ampiover to the plan for this plan year			12c			
đ	Subtract the empunt in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ofa		124			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?						s ⊠N/A
	MI Plan Terminations and Transfers of Assets						
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes 🔀 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Vers 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 which assets or liabilities were transferred. (See instructions.)	the pla	an(s) t	D			19.001 V (19.11 V (19
	13c(1) Name of plan(s):		45	\$c(2) E	ltv(s)	4	3c(3) PN(s)
Und SB c	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasons or penaltypend perjury and other penalties set forth in the instructions, I declare that I have examined this re of Schedule we completed and signed by an enrolled actuary, as well as the electronic version of this return	der alle ein Sei	anna) i	inntudir	vn if Ani	blicable, e my knowf	Schedule edge and
belle	A It is true, correct, and complete.						

SIGN SEAST	, Rick D. Gross, MD
HERE Signah as of plan administrator	Date 10/57/10 Enter name of individual signing os plan administrator
	REEDGOSS MD
HERE Signature scalinges oplan aponsor	Date 10/51/0 Enter name of individual signing as employer or plan sponsor