## 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	Complete all entries in accor	dance witl	n the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Iden	tification Information						
For	calendar plan year 2010 or fiscal pl	lan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	irst 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:	Form 5558	automatic	extension		DFVC progr	am	
	The second secon	special extension (enter description	Į.					
Do		tion—enter all requested inform	•					
		tion—enter all requested inform	ation		1h	Three-digit	T	
	Name of plan STIC SURGERY SEATTLE, P.S. 40	n1(K) PLAN			10	plan number	000	
		. (. · ) · = · · · ·				(PN) ▶	002	
					1c	Effective date of		
						10/01/2	2009	
	Plan sponsor's name and address STIC SURGERY SEATTLE, P.S.	(employer, if for single-employer	plan)		2b	Employer Ident		ımber
PLAS	STIC SURGERY SEATTLE, P.S.				20	(EIN) 20-119 Plan sponsor's		numbor
	E. JEFFERSON ST.				20	206-32	20-2270	Hullibei
	E 501 ITLE, WA 98122-5648				2d	Business code		ctions)
	•				-	62111		
3a PLAS	Plan administrator's name and add STIC SURGERY SEATTLE, P.S.	ress (if same as Plan sponsor, e 1600 E. JEFI	nter "Same FERSON S	e") 5T.	36	Administrator's		
	,	SUITE 501 SEATTLE, W	// 09122 F	648	3c	Administrator's	telephone	number
		SEATTLE, W	VA 90122-0	0040	•		20-2270	nambor
	f the name and/or EIN of the plan s			port filed for this plan, enter the	4b EIN			
- 1	name, EIN, and the plan number fro	om the last return/report. Sponso	r's name		10	PN		
5a	Total number of participants at the	heginning of the plan year			5a	TIN TIN		6
_	<ul><li>Total number of participants at the beginning of the plan year</li><li>Total number of participants at the end of the plan year</li></ul>							
		• •		:	5b	<del></del>		6
С	Total number of participants with a complete this item)			ear (defined benefit plans do not	5с			6
6a	•			(See instructions.)			X Yes	s No
	•	0 , ,		dent qualified public accountant (IQI			<u></u> □	
	•	• •		ons.)			Yes	s 📙 No
D-		•	orm 5500-	SF and must instead use Form 550	00.			
	rt III   Financial Information	on						
7	Plan Assets and Liabilities			(a) Beginning of Year 229336		(b) End	d of Year	304212
	Total plan assets		. 7a		-			0
b	Total plan liabilities			229336				304212
	Net plan assets (subtract line 7b fr		. 7с		,			304212
8	Income, Expenses, and Transfers			(a) Amount		(b)	Total	
а	Contributions received or receivab  (1) Employers		. 8a(1)	16799	)			
	(2) Participants		` `	28769	)			
	(3) Others (including rollovers)		` `	0	)			
b	Other income (loss)		` `	29308	08			
C	Total income (add lines 8a(1), 8a(2)							74876
d	Benefits paid (including direct rollo	, , , , , , , , , , , , , , , , , , , ,						
-	to provide benefits)		. 8d	0	)			
е	Certain deemed and/or corrective	distributions (see instructions)	. 8e	С	)			
f	Administrative service providers (s	salaries, fees, commissions)	. 8f	C	)			
g	Other expenses		. 8g	C	)			
h	Total expenses (add lines 8d, 8e,	8f, and 8g)	. 8h					0
i	Net income (loss) (subtract line 8h	r from line 8c)	. 8i					74876
i	Transfers to (from) the plan (see in	nstructions)	. 8i					

	F	Form 5500-SF 2010 Page <b>2-</b>				
Par	t IV	Plan Characteristics				
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C	naracteri	stic Co	des in	the instructions:
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cl	aracteris	tic Cod	des in t	he instructions:
Part	: <b>V</b>	Compliance Questions				
10	Duri	ing the plan year:		Yes	No	Amount
а		s there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ed 10b		X	
С	Wa	s the plan covered by a fidelity bond?	10c	X		40000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra ishonesty?	10d		X	
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X		7777
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.)	10a	X		36047
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Χ	
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions 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 (i))				
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection 3	302 of I	ERISA? Yes No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver				

ou completed line 12a, complete lines o, s, and 10 of contedute line (1 of 11 coco), and stap to line 10.				
Enter the minimum required contribution for this plan year				
inter the amount contributed by the employer to the plan for this plan year				
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	12d			
		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  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)	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No 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.) 120/2) EINI/0)

13C(1) Name of plants).	130(2) EIN(5)	130(3) FIN(5)

### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? .....

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.	09/14/2011	JOURDAN R GOTTLIEB				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/14/2011	JOURDAN R GOTTLIEB				
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

**Annual Report Identification Information** 

# 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection ► Complete all entries in accordance with the instructions to the Form 5500-SF.

For	the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010	and ending	12	/31/2010			
Α	This return/report is for: x single-employer plan	multiple-e	mployer plan (r	not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final return	n/report			- · · · · · ·			
	an amended return/report	short plan	year return/rep	port (less than 12 mont	hs)				
С	Check box if filing under: x Form 5558	automatic	extension			DFVC program			
	special extension (enter description	)			<b></b>				
P	art II Basic Plan Information enter all requested infor	mation.							
1a	Name of plan				1b ·	Three-digit			
	Plastic Surgery Seattle, P.S. 401(k) Plan					plan number (PN) ► 002			
						Effective date of plan			
20					10/01/2009				
Zd	Plan sponsor's name and address (employer, if for single-employer pl Plastic Surgery Seattle, P.S.	an)			2b 8	Employer Identification Number EIN) 20–1191284			
	,					Plan sponsor's telephone number			
	1600 E. Jefferson St. Suite 501					(206) 320-2270			
US	Seattle WA 98122-5648					Business code (see instructions) 521111			
3a	and a plant of the	iter "Same"	)			Administrator's EIN			
	Same								
					3c Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rep	ort filed for this	plan, enter the	4b E	EIN			
	name, EIN and the plan number from the last return/report. Sponsor's	Name			4c PN				
5a	Total number of participants at the beginning of the plan year				5a	6			
b	Total number of participants at the end of the plan year				5b	6			
С	Total number of participants with account balances as of the end of the complete this item)	e plan year	(defined bene	fit plans do not	5c	_			
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)			6 X Yes No			
b	Are you claiming a waiver of the annual examination and report of an	independe	nt qualified pub						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form					Yes No			
Pa	rt III Financial Information		and must mist						
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year			
а	Total plan assets	7a	(-7-	229,336		304,212			
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		229,336		304,212			
8	Income, Expenses, and Transfers for this Plan Year	160	(	a) Amount		(b) Total			
a	Contributions received or receivable from:								
	(1) Employers	8a(1)		16,799	_				
	<ul><li>(2) Participants</li></ul>	8a(2)	-	28,769 0	-				
b	Other income (loss)	8a(3) 8b		29,308					
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		25,300		74 076			
d	Benefits paid (including direct rollovers and insurance premiums		1. 1987年1年 - 1932年 - 1月月7日からか	ekişek ilk ilk pekilinine ili, billik sını Tirki ilyêşe		74,876			
	to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g	ad Swan In A Succession	0					
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0			
1:	Net income (loss) (subtract line 8h from line 8c)	8i	ARROTA NEVILLE		-	74,876			
1	Transfers to (from) the plan (see instructions)	8j							

	Form 5500-SF 2010	Р	age <b>2-</b>						
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension feating the second	ure codes from the Lis	st of Plan Characte	ristic C	odes	in the	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature	re codes from the List	of Plan Characteri	stic Co	des i	n the ir	nstructions:		
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No	Aı	mount	
a b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Program	)	10a		х			
~	on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	х				40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was ca	used by fraud	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.)	the benefits under the	plan? (See	10e	х				777
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 o	f year end.)		10g	х				36,047
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 29	CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	10i		:			
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	its? (If "Yes," see instr	uctions and comple	ete Scl	hedul	e SB (I	orm=	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	quirements of section							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Mon	ons, an	d ent	er the o	date of the le	tter ruling 'ear	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	•	•						
b	Enter the minimum required contribution for this plan year				·	12b			
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 the negative amount)	e result (enter a minu	s sign to the left of	а	·  -	12c 12d			
е	will the minimum funding amount reported on line 12d be met by the						Yes [	No	□N/A
Part		tunuing deadline: .	• • • • • •	• •	-	• •			
13a	Has a resolution to terminate the plan been adopted during the plan y	vear or any prior year	2					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a	• • • •		
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another p	olan, or brought und	der the	conti			Yes	X No
С	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	an(s), identify the p	olan(s)	10			Т:	
	3c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report v	will be assessed unl	ess reasonable ca	iuse is	esta	blishe	d.		
B or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	leclare that I have exa the electronic version	mined this return/repo	eport, ort, and	includ I to th	ling, if e best	applicable, a of my knowle	Schedule edge and	
SIG	N Milly		Jourdan R. G	ottl	ieb				
HE		Date 8 . 22 / /	Enter name of ind			na 20	nlan administ		

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor