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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in acco	rdance wit	h the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1	2/31/2	2011		
Α.	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
		-	eturn/report				
Ь		=	•				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter descripti	on)					
Ds	art II Basic Plan Information—enter all requested inform	nation					
	<u> </u>	lation		1h	Thron digit		
	Name of plan FACIAL PLASTIC SURGERY ASSOCIATES, P.L.L.C. 401K PROF	T CHADIN	G PLAN	ID	Three-digit plan number		
LIVI-	TACIAL LEADTIC SURCEIXT ASSOCIATES, T.E.E.C. 40 TX TXOT	II SHAKIN	OT LAIN		(PN) ▶	001	
				1c	Effective date of		
					01/01/		
2a	Plan sponsor's name and address; include room or suite number (employer it	for a single-employer plan)	2h	Employer Identif		r
ENT	FACIAL PLASTIC SURGERY ASSOCIATES, P.L.L.C.	employer, ii	ioi a sirigie-employer piani)	20	(EIN) 20-29:		1
				20	(=114)		
				20	Sponsor's telepl		
	CREEKSIDE LOOP MA, WA 98902			24			-1
IAN	WA, WA 90902			Zu	Business code (S)
	District the state of the state	. "0	m.	26			
	Plan administrator's name and address (if same as plan sponsor, of FACIAL PLASTIC SURGERY ASSOCIATES, P.L.L.C. 1601 CREE			3D	Administrator's E 20-29		
LIVI	YAKIMA, W		,	30	Administrator's t		hor
				30	509-453		bei
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	FIN		
•	name, EIN, and the plan number from the last return/report.	idot rotarri,	ropert med for time plant, enter the	70	LIIV		
а	Sponsor's name			4c	PN		
5a	5a Total number of participants at the beginning of the plan year			5a			12
b							10
			 	5b			- 10
С	Number of participants with account balances as of the end of the complete this item)		•	5c			10
						Van □	NIa
-	Were all of the plan's assets during the plan year invested in eligi		'			X Yes	No
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
	If you answered "No" to either 6a or 6b, the plan cannot use I		•			П П	
Pa	rt III Financial Information	0.111.0000	or and made motoda add r orm doc				
7	Plan Assets and Liabilities		(a) Denimina of Year		(la)	of Voca	
-		_	(a) Beginning of Year		(b) End	1029566	
а	Total plan assets		1021000			1023300	
b	Total plan liabilities	<u>7b</u>					
C	Net plan assets (subtract line 7b from line 7a)	7с	1021600			1029566	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		4.4400				
	(1) Employers	8a(1)	14480	_			
	(2) Participants	8a(2)	26487				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)		-33407				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					7560	
d	Benefits paid (including direct rollovers and insurance premiums	60					
u	to provide benefits)	8d	161				
е	Certain deemed and/or corrective distributions (see instructions)						
_							
f	Administrative service providers (salaries, fees, commissions)		E07	-			
g	Other expenses		-567				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-406	
i	Net income (loss) (subtract line 8h from line 8c)	8i				7966	
j	Transfers to (from) the plan (see instructions)	8j					
		U U					

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Page 2 -	1	
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

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

	in the plant provides wentare benefits, either the applicable wentare relative codes from the list of high characteristics.							
art	V Compliance Questions			,				
0	During the plan year:		Yes	No	1	Amou	nt	
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		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		Х				
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				
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))						⁄es	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					\	es :	X No
	(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. Mont							
-	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year.			120 12c				
	Enter the amount contributed by the employer to the plan for this plan year		-	120				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of 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 in any plan year?				res X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?					П	⁄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	13c(1) Name of plan(s):				N(s)	13	c(3) F	PN(s)
Saut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	se is	establ	ished			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return					ole, a s	Scher	dule
SB o	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	PALMER WRIGHT, DO
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

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011	and ending		12/31/2011
Α	This return/report is for:	a multipl	e-employer plan	(not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final	return/report			
	an amended return/report	a short pl	an year return/re	eport (less than 12 m	onths)	
С	Check box if filing under: X Form 5558	automati	c extension			DFVC program
	special extension (enter descripti	ion)				
P	art II Basic Plan Information—enter all requested inform	nation				
1a	Name of plan				1b	Three-digit
	T-FACIAL PLASTIC SURGERY ASSOCIATES, P.I	L.L.C.	401K PROF	IT SHARING		plan number
PL	AN				4.	(PN) • 001
					10	Effective date of plan
2a	Plan sponsor's name and address; include room or suite number (e	employer, i	f for a single-em	ployer plan)		Employer Identification Number
EN	T-FACIAL PLASTIC SURGERY ASSOCIATES, P.Ì	L.L.C.		,		(EIN) 20-2932741
1 (01 CDEEKCIDE LOOD				2c	Sponsor's telephone number
10	01 CREEKSIDE LOOP					509-453-5300
ΥA	KIMA WA 98902					Business code (see instructions)
3a		enter "Sam	e")		-	621111 Administrator's EIN
EN	Plan administrator's name and address (if same as plan sponsor, e T-FACIAL PLASTIC SURGERY ASSOCIATES, P.I	L.C.	- ,			20-2932741
	01 CREEKSIDE LOOP KIMA WA 98902				3с	Administrator's telephone number
4	KIMA WA 98902 If the name and/or EIN of the plan sponsor has changed since the	last return	report filed for th	nis nlan enter the	4b	509-453-5300
	name, EIN, and the plan number from the last return/report.			no piari, critor trio	710	LIIV
	Sponsor's name				4c	PN
	Total number of participants at the beginning of the plan year				5a	12
	Total number of participants at the end of the plan year				5b	10
C	Number of participants with account balances as of the end of the complete this item)	plan year (defined benefit	olans do not	5c	10
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified n	ublic accountant (IQF	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must in	istead use Form 550	00.	
7	Plan Assets and Liabilities	E-1486-F	(a) Box	ginning of Year		(b) End of Year
а	Total plan assets	7a	(a) Be	102160	0	1029566
b	Total plan liabilities					1025500
	Net plan assets (subtract line 7b from line 7a)			102160	0	1029566
8	Income, Expenses, and Transfers for this Plan Year	The Res	(a) Amount		(b) Total
а	Contributions received or receivable from:			7.4.0		
	(1) Employers	. 8a(1)		1448	+	
	(2) Participants	8a(2)		2648	4	
h	(3) Others (including rollovers) Other income (loss)			2240		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		-3340	/ Linderna all	75.60
d	Benefits paid (including direct rollovers and insurance premiums	- 60	18.2 (2.20,1011) (4.1 114.4 (1.1) 4	on in the Color of the Son and Spirit year		7560
	to provide benefits)	. 8d		16	1	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			_	
f	Administrative service providers (salaries, fees, commissions)	. 8f			1	
g	Other expenses	. 8g	Appropriate A. M	-56 56	7	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)					-406
l i	Net income (loss) (subtract line 8h from line 8c)				el Jestinio	7966
J	Transfers to (from) the plan (see instructions)	8j				

Form	5500	SE	201	1

SIGN HERE

Signature of employer/plan sponsor

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Part IV	Plan Characteristics	
railiv	Fian Guaracteristics	i

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

D	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Charad	cteristi	c Cod	es in	the instruction	ns:		
Par	V Compliance Questions						···			
10	During the plan year:		100		Yes	No		Amount	,,	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian)	iary Correction Progr	am)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	actions reported	10b		Х				
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 fit or dishonesty?	delity bond, that was	caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under th	e plan? (See	10e		х				
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? (Se 2520.101-3.)	ee instructions and 2	9 CFR	10h		Х				Trans.
i	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	required notice or or	ne of the	10i						
Part	The state of the s			····			<u> </u>			_
11	ls this a defined benefit plan subject to minimum funding requiremen 5500))	nts? (If "Yes," see ins	tructions and com	plete S	ched	ule SE	3 (Form	☐ Yes	П	No
12	ls this a defined contribution plan subject to the minimum funding re							Yes	 	No
	If a waiver of the minimum funding standard for a prior year is being granting the waiverou completed line 12a, complete lines 3, 9, and 10 of Schedule N	••••••	Mont	tions, h	and e	nter tl Day	ne date of th	e letter ru /ear	ling	_
	Enter the minimum required contribution for this plan year				_	12b				
	Enter the amount contributed by the employer to the plan for this pla					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)					12d				
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N	I/A
Part			W-04-							
13a	Has a resolution to terminate the plan been adopted in any plan year? \dots					<u> </u>	res X No			
	If "Yes," enter the amount of any plan assets that reverted to the em	7000								
	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?					ntrol 		Yes	X	No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plan	(s) to					
1	Bc(1) Name of plan(s):	7410. ·			130	(2) El	N(s)	13c(3	PN((s)
Cauti	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed i	unless reasonable	e caus	e is e	establ	ished.	<u> </u>		
SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have eas the electronic vers	examined this return/r	rn/repo eport,	ort, inc	cludin the l	g, if applicab best of my ki	le, a Sch lowledge	edule and	•
SIGN			Palmer Wrig	ht,	DO					
HER		Date	Enter name of inc	dividua	ıl sign	ing as	s plan admin	istrator		

Date 10-12-12 Enter name of individual signing as employer or plan sponsor