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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

r		ance witl	n the instructions to the Form 5500	-SF.					
P	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/20	011				
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Г	a one-particip	ant plan			
		eturn/report	_	_ ' '	•				
			•	ntha)					
		•	in year return/report (less than 12 mo	ontns)	_				
С	Check box if filing under:	automatic	extension		DFVC progra	m			
	special extension (enter description	า)							
Pa	Irt II Basic Plan Information—enter all requested informa	tion							
1a	Name of plan			1b	Three-digit				
PLAS	TIC SURGERY SEATTLE, P.S. 401(K) PLAN			1	plan number				
					(PN) ▶	002			
				1c	Effective date of				
					10/01/				
	Plan sponsor's name and address; include room or suite number (en STIC SURGERY SEATTLE, P.S.	nployer, if	for a single-employer plan)		Employer Identif				
I LA	THO SUNGERT SEATTLE, T.S.				(EIN) 20-11				
				2c	Sponsor's telep				
	E. JEFFERSON ST.		ŀ	0.1.	206-320				
SEA	E 501 TLE, WA 98122-5648			2a I		see instructions)		
	,	. "0	m)	26	62111				
	Plan administrator's name and address (if same as plan sponsor, en TIC SURGERY SEATTLE, P.S. 1600 E. JEFFE			3D /	Administrator's I 20-11	=IN 91284			
	SUITE 501			3c /		elephone numb	er		
	SEATTLE, WA	648	206-320-2270			٠.			
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	report filed for this plan, enter the	4b 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	1				
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not						
	complete this item)			5c					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No		
b	Are you claiming a waiver of the annual examination and report of a					V vaa □	N I -		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		· ·			X Yes	No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-	SF and must instead use Form 550	<i>1</i> 0.					
	·								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End				
а	Total plan assets	7a	304212			372366			
b	Total plan liabilities	7b	0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	304212			372366			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		15230						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	29265						
	(3) Others (including rollovers)	8a(3)	48546						
b	Other income (loss)	8b	-10927						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				82114			
d	Benefits paid (including direct rollovers and insurance premiums		12060						
	to provide benefits)	8d	13960	_					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				13960			
i	Net income (loss) (subtract line 8h from line 8c)	8i				68154			
i	Transfers to (from) the plan (see instructions)	8j							
	, , , ,	oj							

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Page 2 -	1
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Part IV	I Plan Characteristi	റട

- **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 3D
- **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		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 reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				40000
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			
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				1117
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				85369
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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Ye	s X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction (302 of	ERISA?	Ye	s X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					h a lattani	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				T		
b	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)			12d		_	_
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
ırt	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	10	
	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 of the PBGC?					Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c((3) PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	ıse is	establ	ished.		
nde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ref	urn/rep	port, ir	ncludin	g, if applic	able, a So	chedule

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.	10/12/2012	JOURDAN R GOTTLIEB				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/12/2012	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 Traceury Internet Revenue Service

Dapartment of Labor

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 6057(b) and 6068(a)

OMB Nos. 1210-0110 1210-0089

2011

	Pension Benefit Guaranty Corporation		he In	ternal Rev	enuc Code (the Code).		This Form Is	Open to Public			
		► Complete all entries	Inspection								
	For the calendar plan year 2011 or fis	_		01	/01/2011 and ending		12/31/2011				
	A This return/report is for:	a single-employer plan		a multi	ple-employer plan (not multiemployer)						
	B This return/report is:	the first return/report			al return/report		🔲 a one-participa	nt plan			
	ř	an amended return/report			•						
	C Check box if filing under:	-			plan year return/report (less than 12 mi	onths)					
		-			atic extension		DFVC program				
	The state of the s	special extension (enter de	script	on)			<u> </u>				
	Partil Basic Plan Inform	nation enter all reques	ted in	ormation.		·	<u> </u>	,			
	a Name of plan		,			16	Three-digit				
	Plastic Surgery Seattl	e, P.S. 401(k) Plan				110	plan number				
	-	, (ii, 1, 2, 2, 20)					(PN) ►	002			
=						10	Effective date of pl	an			
~	a Plan sponsor's name and addres Plastic Surgery Seattl	s; include room or suite num	bér (er	nplover, if	for single-employer step)		10/01/2009				
	Plastic Surgery Seattl	e, P.S.			to a sale-bindroyer plant)	26	Employer Identifica	tion Number			
						-	(EIN) 20-1191:				
	1600 E. Jeff¢rson St.					2c	Plan sponsor's tele	phone number			
	Suite 501						(206) 320-227				
_	\$ Seattle	WA 98122-5648				20	Business code (see	instructions)			
-3	a Plan administrator's name and ad Same	dress (If same as plan spons	or, en	ter "Same")	26					
	aamg				,	30	Administrator's EIN				
						3c	Administrator's telej	ohone number			
4	If the pame and/or SIN as the at										
_	If the name and/or EIN of the plan name, EIN, and the plan number f	Sponsor has changed since:	the les	st return/re	port filed for this plan, enter the	4b	EIN				
	R Sponsor's Name	The state of the s				4c PN					
57	Total number of participants at the	beginning of the plan year .	-				PN				
I,	I otal number of participants at the	and of the star	t .		• 1	5a 6					
С	 Number of participants with account 	of holonoos as assessment of	ne pla	n year (de	fined benefit plans do not	_5b_		7			
6a	Were all of the plants assets at all	<u> </u>			fined benefit plans do not	5c		7			
b								Yes No			
	under 29 CFR 2520.104-467 (See	inual examination and report	ofan	independe	nt qualified public accountant (IOPA)		ь,	71.02 140			
	If you enswered "No" to alther 62	or 6h, the plan copper use	iy and	condition	and must Instead use Form 5500.			Yes INc			
	Financial Informati	on	FORM	1 5500-SF	and must instead use Form 5500.						
7	Plan Assets and Liabilities			Introduction Come							
а	Total plan assets			1,01 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	(a) Beginning of Year		(b) End of Ye	ear			
ь	Total plan lightities		٠	7a	304,212		V	372,366			
Ċ			•	7b	0						
8	Net plan assets (subtract line 7b fro income, Expenses, and Transfers for	m line 7a)	•	7c	304,212		77	00			
а	Contributions received or receivable	ur this Man Year		State of Fig. 19	(a) Amount		(b) Total	372,366			
	(1) Employers	· ii wiii.		00/4)		ENGINE.		eta di La Ripolia arropa de la			
	(2) Participents		' '	8a(1)	15,230						
	(3) Others (including rollovers)		٠.	8à(2)	29,265						
b	Other income (loss)		٠,	8a(3)	48,546	Telegraphic Control					
C	Total income (add lines 8a(1), 8a(2),	90/3) 01-)		8b	(10,927)						
d	rechents paid (including direct rollove	PS And insurance premiums	٠.	Bc.	THE PERSON NAMED IN COLUMN TO SHARE THE PERSON NAMED IN COLUMN TO		and the second s	A THE STATE OF THE			
	to bigaign petitelita)			8d		GARAGE.	Control of the Advisor of the	82,114			
6	Certain deemed and/or corrective dis	stributions (see instructions)			13,960						
f	Administrative service providers (sala	aries, fees, commissions	' '	8¢	0	entially.					
g	Other expenses	· · · · · · · · · · · · · · · · · · ·	' -	8f	0						
h	Total expenses (add lines 8d, 8e, 8f,	and Ae)	• •	8g	0						
i	Net income (loss) (subtract line 8h fro	and ogy	· ·	8h		· · · · · · · · · · · · · · · · · · ·	A STATE OF THE PARTY OF THE PAR	13,960			
1	Transfers to (from) the plan (can instr	**************************************	· ·	81				68,154			
For	Paperwork Reduction Act Notice at	uctions)		8j	(i)			HARRY STATEMENT OF			
	, , , , , , , , , , , , , , , , , , , ,	Simb Control Numbers,	BCO th	e Instruct	lons for Form 5500-SF.	anneste UFS :	Earn 55	00-SF (2011)			

	Form 5500-SF 2011			Page 2-						
Pa	Plan Characteristics									
9a b	If the plan provides pension benefits, enter the applicable pe 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable we	ension i	feature codes from the	List of Plan Charact	cteristic (odes	in the in	instruction	19;	
-	Compliance Questions			- Section of the Bot	tusur od		i aie ki	structions	3:	
10	During the plan year:					_				
а	Was there a fallure to transmit to the plan any perticipant of	- ontribe	diese wilde to the stee			Yes	No		Amount	
b	as of the solutions (dee instructions and DOL's Valuate	ry Fidu interesi	ciary Correction Progr t? (Do not include tran	am)			×		,	
c		1 -		* * * * * v *	· 10b		X			
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the or dishonesty?	blan's	fidelity bond, that was	المستحديدا لمستحد	. 10c	х	×			40,000
e	Were any fees or commissions paid to any brokers, agents, insurance services or other organization that provides seem	or othe	er persons by an insur	ence carrier.		35				
f	instructions.) Has the plan falled to provide any benefit when due under			• • • • •	. 10e	X _	<u> </u>			1,117
g	Did the olen have any participant leaned (14) No II	uje piar	17	• • • • • •	· 10f		х			
h	Did the plan have any participant loans? (If "Yes," enter am If this is an individual account plan, was there a blackout pe 2520.101-3.)	vi: /	A		· 10g	х				85,369
i	If 10h was answered "Yes" check the boy is you either						х			
CILIL IV	to browning the house applied bridge value to	20.101	-3	ne or the	. 10:	j	- 1	GARAGE TA		
11	MANUTERIOR FUNCTION COMPLIANCE	1			•			4 miles 11,985, a	dardeled by the maintrally	Part No. 2011 (Fig.)
* 1	Is this a defined benefit plan subject to minimum funding red 5500))	direme	ents? (If "Yes," see Ins	tructions and comp	lote Sche	dule 8	SB (Fo	rm		
12	is this a defined contribution plan subject to the minimum full (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as	ndina r	Anticomonto es	1 412 of the Code o	r section	 302 al	ERIS.	A? .		X No
a Ify b	If a walver of the minimum funding standard for a prior year granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Sch Enter the minimum required contribution for this plan year	in bein edule i	g amortized in this pla 	skip to line 13.	ohs, and onth	enter	the da Day	to of the l	etter ruling Year	
c	Enter the amount contributed by the employer to the plan for Subtract the amount in line 12c from the amount in line 13c from the amount in li				٠.,	1	2b			
d	Subtract the amount in line 12c from the amount in line 12b negative amount)	Hnter t	an year he result (enter a mini	is sign to the latt of	 a		2c 2d			
e contract to the contract to	Will the minimum funding amount reported on line 12d be mo	all by th	a funding dendlings		٠	<u></u>				
Pant	Plan Terminations and Transfers of As	ssets	e rending deadline?			• •		Yes	∐ No	□N/A
13a	Has a resolution to terminate the plan been adopted in any p	Isn voc	1r7		.,					
	if Yes," onter the amount of any plan assets that reverted to	the en	blover this year		٠.	۱	 -	·	Yes	X No
Ď	Were all the plan assets distributed to participants as bases	1	ransferred to another	nian as become	· · ·	1:	38			
C	of the PBGC? If during this plan year, any assets or liabilities were transfern Which assets or liabilities were transferred. (See instructions.)	` `	this plan to another p	rian, or brought unc	ier the co isn(s) to	introl	• • ,		. 🔲 Yes	X)No
	c(1) Name of plan(s):	<u> </u>					·			
		+-		_	ļ <u></u>	13c(2	Z) EIN	<u>(š)</u>	13c(3)	PN(s)
Caution	A penalty for the late or incomplete ##									
Under p	A penalty for the late or incomplete filing of this return/ enalties of perjury and other penalties set forth in the instruction shedule MB completed and signed by an enrolled actuary, as strue, correct, and complete.	report ons, i c well as	will be assessed unl	ess reasonable car mined this return/re	use is cs port, inch	tablis .ding,	hed. if appl	icable, a (Schedule	
	and complete.			or ons return/report	i, and to	the be	st of m	y knowle	dge and	
SION HERE	10 John Joseph			Jourdan R. G	nt+1i-	<u> </u>			<u> </u>	
aron	Signature of plan administrator		Date 10/3/2011	Enter name of indi			s plan	administ	rator	
HERE	Signature of employer/plan sponsor		Date	Enter name of indi						
		1		THE OTHER	TICHAL SIG	rung a	is emb	lover or p	län spopsoi	