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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in actions and actions are actions.	ccordance with the instri	ictions to the Form 550)0-SF.		
	art I		Identification Information	<u> </u>				
For	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012	
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	ant plan
В	This retu	urn/report is:	the first return/report	the final return/repor	t			
			an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter desc	ription)				
P	art II	Rasic Plan Info	rmation—enter all requested in	· · · · ·				
	Name		Thation—enter an requested in	ioimation		1h	Three-digit	
		•	ND FACIAL PLASTIC SURGERY	PLLC 401(K) PLAN		.~	plan number	
				. ,			(PN) ▶	001
						1c	Effective date of	•
0-							01/01/	
2a YAK	⊢Plan sp IMA OT	onsor's name and add	dress; include room or suite numb ND FACIAL PLASTIC SURGERY,	er (employer, if for a single	e-employer plan)	2b	Employer Identif	
						-	(=114)	
4004	ODEE	(OIDE I OOD				2C	Sponsor's telepl	
	IMA, WA	(SIDE LOOP A 98908				2d	Business code (
							62111	
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Pla	an Sponsor Address	3b	Administrator's E	
			ь .	Ш	•			
						3с	Administrator's t	elephone number
4	If the n	ame and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h	EIN	
•			mber from the last return/report.	the last return/report med	ior trio pian, enter tric	40	LIIN	
а	Sponso	or's name				4c	PN	
5a	Total n	umber of participants	at the beginning of the plan year.			5a		5
b	Total n	number of participants	at the end of the plan year			5b		6
С	Numbe	er of participants with a	account balances as of the end of	the plan year (defined ber	nefit plans do not			
	comple	ete this item)				5c		6
6a		•	s during the plan year invested in e	•	•			X Yes No
b			the annual examination and repo? (See instructions on waiver eligit					X Yes No
			ther line 6a or line 6b, the plan					M 163 140
Cal								
			or incomplete filing of this returner penalties set forth in the instru-					phle a Schedule
			nd signed by an enrolled actuary,					
bel	ief, it is t	rue, correct, and comp	olete.					
SIG	- NI	Filed with authorized/	valid electronic signature.	02/20/2013	RICK D. GROSS, MD)		
HE					<u> </u>		 	
		Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adm	inistrator
SIG								
		Signature of employ		Date	Enter name of individ			
Pre	eparer's i	name (including firm n	ame, if applicable) and address; ir	nclude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	Yea	r		
	Total plan assets	7a	(a) 20gmmig 81 100 89647				(5) 2.1.4 0		6224		_
	Total plan liabilities	7b	300.1	•				100	<u> </u>		_
	Net plan assets (subtract line 7b from line 7a)	7c	89647	7				1066	6224		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	•			(b) To		-		_
	Contributions received or receivable from:		(a) Amount				(6) 10	Lai			
	(1) Employers	8a(1)	5110	3							
	(2) Participants	8a(2)	169	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	11695	54							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						169	9747		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						169	9747		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2K 2J	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruction	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in tl	he instruction	ns:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No	_	mou	nt		
а				10a		X		inou	···		
b		? (Do not	include transactions reported	10b		X					
	Was the plan covered by a fidelity bond?					X					
<u>c</u>				10c							
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	1 X	No
112	Enter the amount from Schedule SB line 39					11a					_
12	Is this a defined contribution plan subject to the minimum funding			or ec	1		ERISA2	П	Yes	1 X	No
-14		•		, or 5 0	oudii v	JUZ ()	LINIOM!	Ш	. 55		0
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	_			er ruli	ng	
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule			u I		Day		ear _			
	Enter the minimum required contribution for this plan year	•				12b					
	= In minimum required continuation for tills plan year										

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	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 of a negative amount)	12d		
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 in any plan year?		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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Lénzion pener	it Cooletty Over	Complete all entires in accordan	ILO WIG. DIO INCH T			
Part I	Annual Report	Identification information	01/2012	and ending	12/31/201	2
For <u>calendar</u>	p <u>lan year 2012 or fis</u>	ISOCI PIG. 102. 27	multiple-employer pla		a one-particip	
A This return	n/report is for:			II (Ilos manempioyer)		
B This return	n/report is:		e final return/report	·	antha)	
				/report (less than 12 m		200
C Check bo	x if filing under:	Form 5558	utomatic extension		☐ DFVC progra	1141
	-	special extension (enter description)				
Part II	Basic Plan Info	ormation—enter all requested information	on			
1a Name of		· · · · · · · · · · · · · · · · · · ·			1b Three-digit plan number	
		GOLOGY AND FACIAL			(PN) ▶	001
	IC SURGERY P				1c Effective date of	f plan
		. Tim 4			01/01/2009	
401 (K) PLA <u>N</u> posor's name and at	address; include room or suite number (em	ployer, if for a single-e	mployer plan)	2b Employer identif	
YAKIM	A OTOLARYNGO	OLOGY AND FACTAL	-		(EIN) 26-300	
PLAST	IC SURGERY,	PLLC			2c Sponsor's telep (509) 575-	
1601	Creek Side I	qool			2d Business code ((see instructions)
		· -	WA	98908	621111	
3a Plan ad	<u>A</u> ministrator's name ∈	and address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b Administrator's	EIN
00 1 1211 02			_		3c Administrator's	telephone number
					OC Administratora	telephone names
4 If the na	eme and/or EIN of the	the plan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b EIN	
name,	EIN, and the plan n	number from the last return/report.			4c PN	
a Sponso	r's name			 -		5
		nts at the beginning of the plan year				- 6
		nts at the end of the plan year			5b	
c Numbe	er of participants with	th account balances as of the end of the pl	an year (defined bene	ant plans do not	5c	6
comple	e <u>te tris item)</u>	sets during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes No
l-	فيضيط وينتج والمستراجين والمراجي	e of the annual evernination and report of a	n independent qualifië	ad public accountant (K	APA)	X Yes No
under	20 CER 2528 184-4	467 (See instructions on Walver eligibility a	na conaltions.)		. ,	X Yes No
If you	answered "No" to	o eith <u>er line 6a or line 6b, the plan_canno</u>	st use Form 5500-SF	and must instead use	a Form Sauv.	<u>"</u>
Caution: A	penalty for the lat	te or incomplete filing of this return/rep	ort will be assessed	<u>unless reasonable ca</u>	use is established.	table o Cobodule
		other penalties set forth in the instructions dand signed by an enrolled actuary, as we	. I decides that I Bayla	avaminad thic rotting is	POOR INCIUNIU II AUUJI	y knowledge and
\$B or Sche	dule MB completed rue: correct_and op	i and signed by an enrolled actuary, as we amplete.	I AS LINE CICCALOTTIC VEI	Sion of the fermion	, ,,	
Veller, it is t			10110	L.,	ME	
SIGN	\ <u>_</u> X	74 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2/15/B	Rick D. Gross		
HERE	Signature of plen	nadministrator	Date.	Enter name of indivi	dual signing as plan ac	<u>iministrator</u>
SIGN			2/15/13		<u>.</u>	
HERE	Signature of emi	proverion sponsor	Date		dual signing as employ	yer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone				ne number (optional)		
	. –					
					•	
						^
1						

Pai	t III Financial Information		<u> </u>					—
7	Plan Assets and Liabilities		(a) Beginning of Year		_		(b) End of Year	224
a	Total plan assets	7a_	896,	477	1—		1,066,2	24
	Total plan liabilities	7b	··		₩			
	Net plan assets (subtract line 7b from line 7a)	7c	896	, 477	<u>'</u>		1,066,2	:24
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		Ļ	_	(b) Total	
	Contributions received or receivable from:		51	,103	,			
	(1) Employers	8a(1)		, 690	_		· • • • • • • • • • • • • • • • • • • •	
	(2) Participants	8a(2)		, 0.5	1			
	(3) Others (including rollovers)	8a(3)	116	95.	1 -			
	Other income (loss)	8b		, ,,,,	+		169,7	747
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u></u>		+			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	<u></u>		┼			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	<u> </u>	_	+			
f	Administrative service providers (salaries, fees, commissions)	. 8 <u>f</u>	<u></u>		+			
g	Other expenses	. 8g			+		<u></u> .	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				+-		169,	747
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	. 8 <u>i</u>			 - -		T#27	141
j	Transfers to (from) the plan (see instructions)	· 8j	<u></u>					
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension							
— <u>b</u>		feature co	des from the List of Plan Charac	terist	c Cod	es in th	e instructions:	
•			<u></u>					
Pa	rt V Compliance Questions		<u>,</u>					
10	During the plan year:				Yes	No	Amount	
	a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic	luciary Co	rection Program/	10a	_	Х		
	b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Da nai	t include transactions reported	10b		ж		
_	c 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 b	ond, that was caused by fraud			7.	"	
	or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or	*************		10d	<u> </u>	Х		
	 Wash any face or commissions deid to any prokers, agents, or q 		na by sa incurance comor	ı	1			•
	insurance service or other organization that provides some or all	lou tue be	nems under me pan: /oee	100				•
<u></u>	insurance service or other organization that provides some or all instructions.)	ot the be	nems under the plans (See	10 0	<u> </u>	x		_
	insurance service or other organization that provides some or al instructions.)	lan?	nems under the plant? (See	10f				
	f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount	lan?	end.)	\vdash		x		
	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520 101-3.)	lan?as of year	end.)	10f		x		
	f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount the fithis is an individual account plan, was there a blackout period 2520,101-3.) If (10) was answered "Yes," check the box if you either provided	lan?as of year	end.)	10f 10g		x x		
	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	lan?as of year	end.)	10f 10g 10h		x x x		
	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.11 If this is defined benefit plan subject to minimum funding require	lan?	end.)ed notice or one of the	10f 10g 10h 10i	Sche	X X X X	B (Form Yes X	X No
1	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount if this is an individual account plan, was there a blackout period 2520,101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. Int VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	as of year (See inst the requir	end.) ructions and 29 CFR ed notice or one of the	10f 10g 10h 10i	Sche	X X X X dule Si		
1	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount if this is an individual account plan, was there a blackout period 2520,101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. Int VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	as of year (See inst the requir	end.) ructions and 29 CFR ed notice or one of the	10f 10g 10h 10i	Sche	X X X X dule Si		X No
1	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.* If VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 1a Enter the amount from Schedule SB line 39. 1b this a defined contribution plan subject to the minimum funding the line 12a or lines 12b, 12c, 12d, and 12e below.	as of year ? (See inst the require ments? (If	end.) cructions and 29 CFR ed notice or one of the "Yes," see instructions and cor ments of section 412 of the Cod licable.)	10f 10g 10h 10i nplete	Sche	X X X X dule Si 11a 302 of	ERISA? Yes X	ΧNο
1	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was enswered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If YI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 1a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below weiver of the minimum funding standard for a prior year is below the service of the minimum funding standard for a prior year is below.	as of year ? (See inst the require ing require ow, as app	end.) ructions and 29 CFR ed notice or one of the "Yes," see instructions and con ments of section 412 of the Cod licable.) tized in this plan year, see instru	10f 10g 10h 10i nplete	Sche	X X X X dule Si 11a 302 of	ERISA? Yes 2	X No_
1	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.11 (If "Yes," enter amount Funding Compliance 1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 1a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below are string the waiver.	as of year ? (See inst the require one require one require one as appearing amore	end.) ructions and 29 CFR ed notice or one of the "Yes," see instructions and con ments of section 412 of the Cod licable.) tized in this plan year, see instru	10f 10g 10h 10i nplete	Sche	X X X X dule Si 11a 302 of	ERISA? Yes 2	X No_
1	insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was enswered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If YI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 1a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below weiver of the minimum funding standard for a prior year is below the service of the minimum funding standard for a prior year is below.	as of year ? (See inst the require 101-3 mg require ww. as app eing amor	end.) end.) ructions and 29 CFR ed notice or one of the "Yes," see instructions and con ments of section 412 of the Cod licable.) tized in this plan year, see instructions and con Mo orm 5500), and skip to line 13	10f 10g 10h 10i	e Sche	X X X X dule Si 11a 302 of	ERISA? Yes 2	X No_

	Form 5500-SF 2012 Page 3 -			
	description for this plan veet	12c		" <u>'</u>
C	Enter the amount contributed by the employer to the plan for this plan year	40.0	<u> </u>	
	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)	12d	Yes	□ No N/A
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		1.62	NO A NO
Part	I = = A a a a to	T		
13a	Has a resolution to terminate the plan been adopted in any plan year?	<u>- </u>	Yes X N	NO
	If "Ver," onter the amount of any plan assets that reverted to the employer this year	13a	<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred, (See instructions.)			13c(3) PN(s)
	3c(1) Name of plan(s):	13c(2) E	in(s)	130(3) (14(3)
Part	Viii Trust information (optional)	1		_
	Name of trust	14b	Trust's EIN	
		1		

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