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

2013

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		peolion
Part I	Annual Report I	dentification Information				•	
For calend	dar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This re	eturn/report is for:			an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report X th	e final return/report				
		an amended return/report a s	short plan year return	/report (less than 12 mo	onths))	
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	m
		special extension (enter description)					
Part II	Basic Plan Infor	mation—enter all requested information	on				
1a Name	e of plan	·			1b	Three-digit	
ENT-FACIA	L PLASTIC SURGERY	ASSOCIATES, P.L.L.C. 401K PROFIT S	SHARING PLAN			plan number (PN) ▶	001
					1c	Effective date of	
					10	01/01/	
		dress; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	(EIN) 20-29: Sponsor's telep	
1601 CREE YAKIMA, W	EKSIDE LOOP					509-453	3-5300
TAKIIVIA, W	7A 90902				2a	Business code (62111	,
		d address Same as Plan Sponsor Nan		Sponsor Address	3b	Administrator's I	
NT-FACIAL	PLASTIC SURGERY A	SSOCIATES, P.L.L.C. 1601 CREEKSIDI YAKIMA, WA 989	E LOOP 102		3с	Administrator's t	elephone number
						509-453	3-5300
1 If the	name and/or FINI of the	plan anapar has abanged since the last	roturn/ronart filed fo	r this plan cotor the	46	- FINI	
		plan sponsor has changed since the last ber from the last return/report.	return/report filed to	i this plan, enter the	4D	EIN	
	sor's name				4c	PN	
5a Total	number of participants a	at the beginning of the plan year			5a		12
b Total	number of participants a	at the end of the plan year			5b		0
		account balances as of the end of the plan	• '	-	5c		0
		during the plan year invested in eligible					X Yes No
		the annual examination and report of an					
		(See instructions on waiver eligibility and					X Yes No
•		ther line 6a or line 6b, the plan cannot					
C If the	plan is a defined benefit	t plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	····· 📙	Yes No	Not determined
Caution:	A penalty for the late o	or incomplete filing of this return/repor	t will be assessed ι	unless reasonable cau	se is	established.	
		er penalties set forth in the instructions, I					
	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as well a lete.	as the electronic vers	sion of this return/report,	, and	to the best of my	knowledge and
SIGN	Filed with authorized/v	valid electronic signature.	02/01/2014	PALMER WRIGHT, DO))		
HERE	Signature of plan ac	lministrator	Date	Enter name of individu	ıal sic	nning as nlan adn	ninistrator
SIGN	Oignature of plan ac	anning ator	Date	Enter name of marvia	aai sig	griing as plan aun	imstrator
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ıal ein	ning as employe	r or plan sponsor
Preparer's		ame, if applicable) and address; include r					number (optional)
	,	. ,,		` ' '	- 6		(-
				ļ			

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Pa	rt III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End	l of V	ear		_
<u>'</u> а	Total plan assets	7a	(a) Beginning of Tea		+	(D) LIII	1011		0	_	
	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	117540	0					<u> </u>	_	
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount					(b)	Total			_
	Contributions received or receivable from:		(a) Amount				(5)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	21428	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	214284	ļ.	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	138940	2							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	28	2							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	389684	4	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1	175400	0	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Δm	ount		_
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7			_
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					_
						X					_
C	· · · · · · · · · · · · · · · · · · ·			10c							_
d	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	•	,								
	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 vear e	nd.)	10q		X					_
h		(See instru	ictions and 29 CFR	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	ne required	I notice or one of the	10ii							
Part		1 0		10.							_
11	Is this a defined benefit plan subject to minimum funding requirem							T	1	П.	_
	5500) and line 11a below)							. _	Yes	No	J
	Enter the unpaid minimum required contribution for current year fr					11a		T -			_
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?.		Yes	X No	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u>,</u>			<u> </u>	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of	the le		ııng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46'					
b	Enter the minimum required contribution for this plan year					12b					

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гаус	J		

С	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	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No
С	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

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.

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pa	rt I	Annual Report	Identifica	ation Information							
Ford	alenda	ar plan year 2013 or fi			01/01/	2013	and ending		12/31/2013		
АТ	his ret	urn/report is for:	X a single	e-employer plan	a mult	tiple-employer p	olan (not multiemployer)		a one-participant plan		
ВТ	his ret	urn/report is:	the first	t return/report	X the fin	nal return/report					
			an ame	ended return/report	a short	t plan year retur	rn/report (less than 12 m	onths)			
C	heck t	box if filing under:	Form 5	558	autom	natic extension			DFVC program		
			special	extension (enter descr	ription)				—		
Pai	rt II	Basic Plan Info	rmation_	enter all requested inf	formation						
	r-FA	of plan		ASSOCIATES, I	5 (SA) (S	. 401K PR	OFIT SHARING		Three-digit plan number (PN) 001		
									Effective date of plan 01/01/2004		
2a I ENT	Plan sp P-FA	consor's name and ad CIAL PLASTIC	ldress; includ SURGERY	de room or suite numbe ASSOCIATES, E	er (employe P.L.L.C	er, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 20-2932741		
160)1 CI	REEKSIDE LOOP	L.					2c	Sponsor's telephone number 509-453-5300		
YAK	AMI		WA	98902				2d	Business code (see instructions) 621111		
		dministrator's name a	Transfer of the second	Same as Plan Spons			n Sponsor Address	3b	Administrator's EIN 20-2932741		
A-1 -1		JIFIU LUIDILO	DORGERI	ADDOCIMILD, I	ш. ш. с	•			Administrator's telephone number		
160	1 CF	REEKSIDE LOOP						509-4 53-530 0 576-7736			
YAK	AMI		WA	98902							
		name and/or EIN of the EIN, and the plan nu		or has changed since the last return/report	the last retu	urn/report filed for	or this plan, enter the	4b	EIN		
		or's name	ilibei iloili tii	e last return/report.				4c	PN		
5a	Total r	number of participants	at the begin	ning of the plan year				5a	12		
b	Total r	number of participants	at the end o	of the plan year				5b	0		
				ances as of the end of t			efit plans do not	5c	0		
							ctions.)		X Yes No		
b	Are yo under	u claiming a waiver of 29 CFR 2520.104-46	f the annual of the structure of the first file.	examination and repor	t of an inde	pendent qualifications.)	ed public accountant (IQI	PA)			
							and must instead use				
C	f the p	lan is a defined benef	fit plan, is it c	overed under the PBG	3C insuranc	e program (see	ERISA section 4021)? .		Yes No Not determined		
Caut	ion: A	penalty for the late	or incomple	te filing of this return	n/report wil	ll be assessed	unless reasonable cau	se is	established.		
Unde SB o	er pena r Sche	alties of perjury and ot	ther penalties nd signed by	set forth in the instruc	ctions, I dec	lare that I have	examined this return/rep	ort. in	cluding, if applicable, a Schedule to the best of my knowledge and		
SIGN		12	3			1/28/14	Palmer Wright,	, DO			
HER	=	Signature of plan a	dministrato	r	Da	ate	Enter name of individu	ual sig	ning as plan administrator		
SIGN	820	1	1			1/28/14	PAIMER				
HERI		Signature of emplo				ate	Enter name of individu	ual sig	ning as employer or plan sponsor		
Prepa	arer's r	name (including firm n	ıame, if appli	cable) and address; in	clude room	or suite numbe	r (optional)	Prep	arer's telephone number (optional)		

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a		7540	0		0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	115	7540	0		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(4)					
	(1) Employers	8a(1)			+		
	(2) Participants	8a(2)			+		
	(3) Others (including rollovers)	8a(3) 8b	2	1428	4		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		214284
	Benefits paid (including direct rollovers and insurance premiums	00				///	211201
	to provide benefits)	8d	138	3940	2		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	8g		28	2		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · · · · · · · · · · · · · · · · · ·				1389684
ᆜ	Net income (loss) (subtract line 8h from line 8c)						-1175400
	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j					
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions within uciary Corre	the time period described in ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		V-	10b		Х	
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 or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		X	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
ı	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Pari	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year for	rom Schedu	ıle SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	The state of the s					
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Forn	n 5500), and skip to line 13.				r
b	Enter the minimum required contribution for this plan year					12b	L

	Form 5500-SF 2013 Page 3 -				
С	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 negative amount)		12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	es 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 ur of the PBGC?	nder the c	ontrol		X Yes 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):	13	c(2) El	N(s)	13c(3) PN(s)
	Commence and the second				22.0
					1

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust