## 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

2013

This Form is Open to Public Inspection

Part I					0-5F.		
		Identification Information					
For caler	ndar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This	return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This r	return/report is:	the first return/report t	he final return/report				
		an amended return/report	short plan year return	/report (less than 12 m	onths)	)	
<b>C</b> Chec	k box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	)				
Part II	Basic Plan Info	rmation—enter all requested informat	ion				
1a Nam	ne of plan				1b	Three-digit	
PLASTIC S	SURGERY SEATTLE, P.	S. 401(K) PLAN				plan number	002
					10	(PN) •	002
					10	Effective date of	•
	sponsor's name and add SURGERY SEATTLE, P	dress; include room or suite number (em.S.	ployer, if for a single-	employer plan)	2b	Employer Identif	
FFOA ATU	AVE C				2c	Sponsor's telep	
5501 4TH SUITE 207	7				2d	Business code (	
SEATTLE	, WA 98108-2447					62111	
<b>3a</b> Plan	administrator's name an	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the	e name and/or EIN of the	plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
		nber from the last return/report.	, , , , , , , , , , , , , , , , , , ,	, and prom, and		LIIV	
<b>a</b> Spor	nsor's name				4c	PN	
					1	1	
<b>5a</b> Tota	al number of participants	at the beginning of the plan year			5a		5
_		at the beginning of the plan yearat the end of the plan year			5a 5b		5
<b>b</b> Tota	al number of participants nber of participants with a	0 0 , ,	an year (defined bene	fit plans do not			
b Tota c Num	al number of participants  nber of participants with a  nplete this item)	at the end of the plan yearat the end of the plan	an year (defined bene	fit plans do not	5b 5c		1
b Tota c Num com 6a We b Are	al number of participants  nber of participants with a  nplete this item)  ere all of the plan's assets  you claiming a waiver of	at the end of the plan yearaccount balances as of the end of the plan year invested in eligible the annual examination and report of ar	an year (defined bene assets? (See instruct	fit plans do not tions.)d public accountant (IG	5b 5c		1 1 X Yes No
b Tota c Num com 6a We b Are und	al number of participants nber of participants with a plete this item)ere all of the plan's assets you claiming a waiver of ler 29 CFR 2520.104-46?	at the end of the plan year	an year (defined bene assets? (See instruct in independent qualifier and conditions.)	fit plans do not tions.)d public accountant (IC	5b 5c		1
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b Tota c Num com  6a We b Are und If yo c If the  Caution: Under pe SB or Sc	al number of participants nber of participants with a plete this item)	at the end of the plan year	an year (defined bene e assets? (See instruct in independent qualifie ind conditions.) t use Form 5500-SF urance program (see ort will be assessed in I declare that I have	fit plans do not  cions.)	5b 5c PPA) Form use is	Yes No sestablished.	1  X Yes No X Yes No Not determined  able, a Schedule
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Day	4 III   Financial Information							
	t III   Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
-	Total plan assets	7a	36881				113843 1853	
	·	al plan liabilities						
_		t plan assets (subtract line 7b from line 7a)			111990			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	3350	0				
	(2) Participants	8a(2)	2300	0				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	3450	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					91007	
	Benefits paid (including direct rollovers and insurance premiums	- 00					3.00.	
	to provide benefits)	8d	34597	5				
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					345975	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-254968	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?	-	= -	10d		Χ		
е	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service, or other organization that provides some or all		• •	10e	X		766	
-	instructions.)					X	700	
f	,, , .			10f	X			
g					^		0	
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				Т	
h	Enter the minimum required contribution for this plan year					12b	l	

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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)				
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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

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rorm 5500-SF	Short Form And	wai	Return/Rend	ort of Small Emp			CMB Mr. Anna
Daparment of the Treasury Internal Revenue Barvice		1	- penent Hal	7		ā	OMB Nos. 1210-0 1210-0
Daperiment of Labor		to be filed under sections 104 and 4065 of the Employers (ERISA), and section 6057(b)			loyee	2013	
Employee Senefile Security Administration Penelon Senefile Guaranty Corporation			STUDIES INC ARTICLE CODE	((I)e Cibde).		I INTERMA	m is Open to Public
	Complete all entries dentification informat	in acc	ordence with the ir	structions to the Form	5500.9F	<u>.</u>	Inspection
For calendar plan yeer 2013 or flee	al plan veer beginning	on				<del></del>	
	a single-employer plan	-	01/01/201			12/31/2013	
B This return/report is:	the first return/report	1 1		yer plan (not mullicmpley	tar)	a one-part	icipant plan
Γ	an amended return/report	1 1	the final return/re	•			
C Chack box if filing under:	Form SS58		📑 a short plan year	return/report (less then t	2 month	<b>(\$</b> )	•
and and an arrangement of the second	9		_ automatic extens	lon		DFVC prog	;ram
Basic Plan Inform	special extension (enter d	escubi	ion) .	ti-then well		_	
1a Name of plan	nation enter all reques	<u>lod Inf</u>	omatien.				
Flastic Surgery Seat	hīn mar anna	1			11	Three-digit	
	Lie, 2.5. 401(%) Pl	en				plan number (PN) ►	002
		1			10	Effective date	of plan
2a Plan sponsor's name and addre Plastic Surgery Seatt	as; include room or suite nu	mber	employer, if for a al-	original and a second	<u> </u>	10/01/200	
Plastic Surgery Seatt	Me, P.S.	1	,	.a.e.cubinkar histi)	Zb	Employer ider	Mication Number
But and the second					20	(EIN) 20-1;	
5501 4th Ave. S. Suite 207						Sponsor's tele (206) 320-	Prone number -2270
<u>US</u> Seattle	WA 98108-2447				2d	Business code	(see instructions)
3a Plan administrator's name and a	oddress X Same as Plan	Spons	or Name     Samo	an Olay Olay		621111	
			Carrier .	- Ligit ahausot Yoduses	3D	Administrators	EIN
					36	Administrators	telephone number
	,						
4 If the name and/or EIN of the pla name, EIN, and the plan number	I Shoneor has chanced sine						
	from the lest return/report.	e me	ast return/report file	d for this plan, enter the	4b	EIN	
a Sponsor's name					4c	m.	the state of the s
5a Total number of participents at the b Total number of participants at the	e beginning of the plan year	4972488	MI 2 0 1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		5a	<u> </u>	5
b Total number of perticipants at the Number of participants with account.	e and of the plan year	********	7	**************************************	5b		1
complete this Item)	HILL DSIMILORS HIS OF THE BUILD	if the p	lan year (defined be	neiit plana do not		<del></del>	al.
					<u>5c</u>		I
					manus (de pomen	SMCHELLA POLICIONAL	XYes No
under 29 CPR 2520.104-457 (Sol If you answered "No" to either to	a instructions on walver eligi	bility a	no conditione.)	ea banua acconusus (ici	PA)		
if you answered "No" to either to diff the plan is a defined benefit plan	line 6a or line 6b, the plant	canno	t use Form 5500-8	and must instead use	Form 5	14 14 14 14 14 14 14 14 14 14 14 14 14 1	X Yes No
	THE PERSON STREET, THE L.P.	عالا جات	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	O ERIGA partiam anosto.		T	Not determined
Pendity for the late of in	さらかわしがん むじゃ… ニティレル				-		
Under penalties of periury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete	enalties set forth in the insti-	uctions	, I declare that I hav	a examined this return/re	port, inc	hidina if annila	Silo o Cabadata
SB or Schedule MB completed and significant belief, it is true, correct, and complete.	Sing of Citioned #CIMAIN	WR AAG	II as the electronic v	ersion of this return/repor	t, and to	the best of my	knowledge and
DIV	Why-		10-7-16	p			***
Signature of plan administr	alo			Jourdan R. Gott.		······································	
310			Date	Enter name of Individue	i signing	i as plan admini	strator
Signature of employer/plan	\$ponsor		Dete				
Preparer's name (including firm name,	if applicable) and address:	nclude	Date	Enter name of individue	gningia l	as employer or	plan aponsor
			or saled URIUD	ar (obtional)	Prepare	r's telephone m	mber (optional)
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For Paperwork Reduction Act Notice	and OMB Co	<u> </u>	Ψ				

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Form 5500-SF 2013 Page 2 Financial Information Plan Assets and Liabilities and party (a) Beginning of Year Total plan assets (b) End of Year 72 368,811 Þ Total plan liabilities..... L13.843 7b 1,853 Net plan assets (aubiract line 7b from line 7a) 1,883 7c 366,858 Income, Expenses, and Transfers for this Plan Year 111,990 all V (a) Amount Contributions received or receivable from: (b) Total (1) Employers Ba(1) 33,500 8a(2) 23,000 (3) Others (including rollovers) 8a(3) Ď Other Income (loss) .... 86 34,507 Total income (add lines 8a(1), 8a(2), 8a(3), and 6b) -8¢ Benefits paid (including direct rollovers and insurance premiums 91,007 to provide benefits) 84 345,975 Certain deemed and/or corrective distributions (see instructions) 路 Ö The state of the s Administrative service providers (salaries, fees, commission 81 Other expenses """ 8g Ö Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8n from line 8o) 345,975 81 Transfers to (from) the plan (see Instructions) (254,968) 8f Plan Characteristics 9a If the plan provides pension banafits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 25 2F 2G 2J 2K 3D if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in Yes No Amount 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ж on line 10a.)\_\_\_\_\_ 108 X Was the pian covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10¢ X 40,000 100 х 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 10₽ x Has the plan failed to provide any benefit when due under the plan? .... 766 10f Y g Dki the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10g x h o 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the х exceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compilance is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Yes 🗷 No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... (If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling If you completed line 129, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year

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Form 5500-SF 2013	Page 3-		
c Enter the amount contributed by the employer to the plan of Subtract the amount in line 12c from the minimum funding amount reported on line 12d be reported in line 12c from the amount of the plan been adopted in any of "Yes," in the the amount of the plan been adopted in any	tb. Enter the result (enter a minus sign to the left of a met by the funding deadline?		□ NO □ N/A
If "Yes," onter the amount of any plan assets that reverted:  b Were all the plan assets distributed to participants or benefit of the PEGC?  c If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See Instruction)	to the employer this year Relaties, transferred to another plan, or brought under the co	13a	Yes X No
73c(1) Name of plan(s):		(2) EIN(s)	18c(3) PN(8)
Trust Information (optional)  14a Name of trust		14b Trust's EIN	