## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

## **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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information							
For calend		scal plan year beginning 01/01/2		and ending 1	2/31/2016				
A This re	eturn/report is for:	a single-employer plan		olan (not multiemployer) mployer information in a	,				
		a one-participant plan	a foreign plan	• •		,			
<b>B</b> This ref	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program				
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name		2 21 2 42 40 21 44			<b>1b</b> Three-digit				
NORTHWE	ST SKIN SPECIALIST	S, PLLC 401(K) PLAN			plan number (PN) ▶	001			
					1c Effective date				
						6/01/2005			
		yer, if for a single-employer plan)				ntification Number			
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN) 20-0682860				
	ST SKIN SPECIALISTS		, 0	,	2c Sponsor's telephone number 206-315-4603				
					2d Business coo	le (see instructions)			
1229 MADIS SUITE 1290	SON STREET				62	21111			
	VA 98104-3568								
<b>3a</b> Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administrator	's EIN			
					3c Administrator	's telephone number			
					7 Administrator	o telephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Spons	sor's name				4c PN				
<b>5a</b> Total	number of participants	at the beginning of the plan year.			5a	23			
		at the end of the plan year			5b	24			
		account balances as of the end of	. , , ,	•	5c	24			
<b>d(1)</b> To	tal number of active pa	rticipants at the beginning of the pl	lan year		5d(1)	1			
<b>d(2)</b> To	tal number of active pa	rticipants at the end of the plan ye	ar		5d(2)	1			
		terminated employment during the	• •		5e				
		or incomplete filing of this retur							
SB or Sch	edule MB completed a	her penalties set forth in the instru nd signed by an enrolled actuary, a							
	true, correct, and com	plete. valid electronic signature.	10/03/2017	AMY D. SARKIE					
SIGN	Ti neu with authorized/	vana electronic signature.	10/03/2017	AWIT D. SARRIE					

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

**HERE** 

**SIGN HERE**  Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)						X Ye	s 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	and condi	tions.)		······				X Ye	s No
C	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	termined
	rt III   Financial Information	iodidiloc p	orogram (see Errie/1 se	000011 4	021).	······ <u></u>	100	□.,,		torrilliou
7	Plan Assets and Liabilities		(a) Beginning	of Voor	. 1			(b) End	of Vear	
a	Total plan assets	7a		393566				(b) Ella	278561	19
_	Total plan liabilities	7b		C	)					0
	Net plan assets (subtract line 7b from line 7a)	7c	2	393566	;				278561	19
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:		(2) 1 222 22					(4)		
	(1) Employers	8a(1)		76992						
	(2) Participants	8a(2)		113959						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		248015						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							43896	<del>6</del>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		40817	,					
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		6096	5					
_ <u>'</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				4691	13
<del>-</del> "	Net income (loss) (subtract line 8h from line 8c)	8i		_				39205		
	Transfers to (from) the plan (see instructions)									
	, , , , ,	8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the instr	uctions:	
Ja	2E 2G 2J 2F 3D	icature of	des nom the List of the	an Ona	ractori	one oc	Juca III	uic iiisti	uctions.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					500000
d		fidelity bo	and, that was caused	10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e	Х					6549
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g			-	10g	X					48667
h	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						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## 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

2016

This Form is Open to **Public Inspection** 

For calen		rt Identification Informatio	01/01/2016	and ending	12/31/2	016		
	, , , , , , , , , , , , , , , , , , , ,	X a single-employer plan		plan (not multiemployer)				
A This re	eturn/report is for:	a one-participant plan	list of participating e	mployer information in a	ccordance with th	e form instructions.)		
B This re	turn/report is	the first return/report	the final return/report					
	,	an amended return/report		ırn/report (less than 12 m	nonths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m		
		special extension (enter des			☐ Di ve piogra			
Part II	Basic Plan In	formation—enter all requested i						
1a Name	e of plan				1b Three-digit	1		
ORTHWE	ST SKIN SPEC	IALISTS, PLLC 401(K)	PLAN		plan numb (PN) ▶	er 001		
					1c Effective d 06/01/2			
Mailir	ng address (include ro	oloyer, if for a single-employer plan) bom, apt., suite no. and street, or P nce, country, and ZIP or foreign po	O. Box)	tructions)	2b Employer I	dentification Number		
NORTHW	EST SKIN SPE	CIALISTS, PLLC	star code (ii foreign, see ins	u ucuons)	<b>2c</b> Sponsor's 206-315	telephone number -4603		
1229 M SUITE	ADISON STREET	Γ			2d Business code (see instructions) 621111			
SEATTL	E	WA 98104-35	58					
3a Plan a	administrator's name	and address X Same as Plan Spo	onsor.		3b Administra	tor's EIN		
4 If the	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN			
	e, EIN, and the plan h sor's name	umber from the last return/report.		20	4c PN			
5a Total	number of participant	ts at the beginning of the plan year			5a	23		
<b>b</b> Total	number of participant	ts at the end of the plan year			5b	24		
C Numb	per of participants with	h account balances as of the end o	the plan year (only defined	d contribution plans	5c	2		
		articipants at the beginning of the p			5d(1)	1:		
<b>d(2)</b> Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	1.		
e Numi	ber of participants tha 100% vested	at terminated employment during the	e plan year with accrued be	enefits that were less	5e	1 1 1111 - 1		
Caution: A	a penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car	ise is establishe	d.		
SB or Sche	ailies of perjury and c	other penalties set forth in the instru and signed by an enrolled actuary	ctions I declare that I have	evamined this return/re-	and including if	maliankla - Oskad Is		
SIGN	Amy fo			AMY D. SARKIE				
HERE	Signature of plan		Date 10/3/17	Enter name of individu	ial signing as plan	administrator		
SIGN	1 6	=nu	54.63. 75/17	AMY D. SARKIE	iai signing as piai	administrator		
HERE	Signature of empl	oyer/plan sponsor	Date 10/3/17	Enter name of individu	ial signing as ome	lover or also spenses		
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's teleph	none number		
For Panan	ork Reduction Act Noti							

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<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a control or the plan cannot be a contr</li></ul>	an independ and condition	dent qualified public	accoun	tant (IC	QPA)		Anna Maria
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC i							☐ No ☐ Not determine
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r		(	b) End of Year
a Total plan assets	7a		, 393,	The second second			2,785,6
<b>b</b> Total plan liabilities	7b			0			
C Net plan assets (subtract line 7b from line 7a)	7c	2	, 393,	566			2,785,6
8 Income, Expenses, and Transfers for this Plan Year	Mark	(a) Amou	nt				(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)		76,	992			
(2) Participants	8a(2)		113,	959			
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b		248,	015			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						438,9
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		40,	817			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		6,	096	71		
g Other expenses	8g		12 - 1877				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						46,9
i Net income (loss) (subtract line 8h from line 8c)	8i					392,0	
Transfers to (from) the plan (see instructions)	8j					100	
Part IV Plan Characteristics							
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2F 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for a positive series of the plan provides welfare benefits.</li> </ul>							
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fid	uciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		х		
C Was the plan covered by a fidelity bond?			10c	х			500,0
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was caused	10d	25071	х		300,0
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons b	by an insurance	10e	х			6,5
f Has the plan failed to provide any benefit when due under the plan					х		
g Did the plan have any participant loans? (If "Yes," enter amount as			10f	v	Λ		
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ions and 29 CFR	10g	Х	х		48,6
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or one of the	10h 10i				
			101				

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Part						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes, (Form 5500) and line 11a below)	see instruc	ions an	d complete S	Schedule S	B Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB					
12	Is this a defined contribution plan subject to the minimum funding requirements ERISA?	of section 41	2 of the	Code or sec	tion 302 of	f Yes 🛛 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being amortized in		or ooo	in a 4 m : a 4 i a a		
	granting the waiver.	uns plan ye	ar, see	Month	and enter t Dav	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	500), and sk	ip to lir	ne 13.		
b	Enter the minimum required contribution for this plan year				12b	
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 (ent negative amount)	er a minus si	an to th	e left of a	22.2	
e	Will the minimum funding amount reported on line 12d be met by the funding dea					Yes No N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes X No
3	If "Yes," enter the amount of any plan assets that reverted to the employer this ye					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?	another pla	or bro	nuaht under t	he	Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan	n(s), ide	entify the plar	n(s) to	
1	3c(1) Name of plan(s):			130	(2) EIN(s)	13c(3) PN(s)
				1		
Part	VIII Trust Information	AL DESCRIPTION OF THE PROPERTY	***************************************			
14a 1	Name of trust			11 40 40	14b T	Trust's EIN
140						
140	Name of trustee or custodian					rustee's or custodian's elephone number
Part	IX IRS Compliance Questions					
15a	s the plan a 401(k) plan? If "No," skip b			Ye	s	No
15b	How did the plan satisfy the nondiscrimination requirements for employee deferral	s under secti	on		sign-based e harbor	"Prior year" ADP
in the second	01(k)(3) for the plan year? Check all that apply:		••••••	III "Cu	rrent year" P test	925,753
16a	What testing method was used to satisfy the coverage requirements under section year? Check all that apply:	410(b) for th	ne plan	Ra	tio centage	Average benefit test N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections a or the plan year by combining this plan with any other plan under the permissive a	110(b) and 4	01(a)(4)			No
1/a	f the plan is a master and prototype plan (M&P) or volume submitter plan that rece he letter and the serial number	eived a favor	able IR	S opinion lett		
	f the plan is an individually-designed plan that received a favorable determination etter	letter from th	e IRS,	enter the dat	e of the mo	ost recent determination
١	Defined Benefit Plan or Money Purchase Pension Plan Only:  Vere any distributions made during the plan year to an employee who attained age  ervice?	e 62 and had	not se	parated from	Yes	□ No
19 V	Vas any plan participant a 5% owner who had attained at least age 70 ½ during th	e prior plan	year?		Yes	No