	m 5500-SF	Short Form Annual	OMB Nos. 1210-0 1210-0											
	tment of the Treasury nal Revenue Service	This form is required to be filed u				2016								
	partment of Labor enefits Security Administration	Income Security Act of 1974 (E R	Internal	This Form is Open to Public Inspection										
	nefit Guaranty Corporation		entries in accordance with the instructions to the Form 5500-SF. rmation 01/01/2016 and ending 12/31/2016											
Part I	Annual Report Ic	dentification Information	6	and ending 1	2/31/2016									
			7			king this box must attach a								
A This ret	urn/report is for:	a one-participant plan				ith the form instructions.)								
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 m	onths)									
C Check b	box if filing under:	¥ Form 5558	automatic extension		DFVC p	rogram								
		special extension (enter descript	,											
Part II		mation—enter all requested inforr	mation		41									
1a Name THE GALLEI		RGERY 401K PROFIT SHARING P	LAN		1b Three plan (PN)	number								
					1c Effect	tive date of plan 01/01/2006								
 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 					2b Employer Identification Number (EIN) 20-3518190									
THE GALLERY OF COSMETIC SURGERY					2c Sponsor's telephone number 425-775-3561									
3500 188TH LYNNWOOD	STREET SW #670 , WA 98037				2d Busir	ness code (see instructions) 621111								
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Sponso	or.		3b Admi	nistrator's EIN								
					3c Admi	nistrator's telephone numbe								
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN									
a Sponse	or's name				4c PN									
5a Total r	number of participants a	t the beginning of the plan year			5a									
		t the end of the plan year			5b									
	· ·	ccount balances as of the end of the		•	5c									
d(1) Tota	al number of active parti	cipants at the beginning of the plan	year		5d(1)									
e Numb	er of participants that te	cipants at the end of the plan year . erminated employment during the pla	an year with accrued ber	nefits that were less	5d(2) 5e									
		r incomplete filing of this return/re				hlished								
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as v	ons, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedul								
SIGN		alid electronic signature.	09/15/2017	CRAIG R. JONOV, ME	0									
HERE	Signature of plan ad	Signature of plan administrator Date Enter name of individua												
SIGN HERE														
	Signature of employe		Date			as employer or plan sponso								
Preparer's	name (including firm nai	me, if applicable) and address (inclu	ude room or suite numbe	r)	Preparer's	s telephone number								

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of							X Yes 🗌 N	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								
C	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
-	Part III Financial Information								
7	Plan Assets and Liabilities	ľ	(a) Paginging (of Voor	T			(b) End of Voor	
<u>′</u>		7a	(a) Beginning o	255343				(b) End of Year 240118	
 b	Total plan assets Total plan liabilities	7a 7b						2.0.1.0	
<u>с</u>	Net plan assets (subtract line 7b from line 7a)	70 70		255343				240118	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun					(b) Total	
<u> </u>	Contributions received or receivable from:		(a) Allioun	L					
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		13237					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13237	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		28462					
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						28462	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-15225		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $3D$	feature co	odes from the List of Pla	an Chara	acteri	stic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Charao	cterist	ic Coc	les in t	he instructions:	
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V					Х			

described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
Was the plan covered by a fidelity bond?	10c	Х			5000
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		
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		х		
Has the plan failed to provide any benefit when due under the plan?	10f		Х		
Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			17819
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				
	Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did 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 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Program)10aWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bWas the plan covered by a fidelity bond?10cDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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 	Program)10aWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bWas the plan covered by a fidelity bond?10cWas the plan covered by a fidelity bond?10cDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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.)10eHas the plan failed to provide any benefit when due under the plan?10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gX10hIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10h	Program)10aAWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)10bXWas the plan covered by a fidelity bond?10cX10cXDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dXXWere 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.)10fXHas the plan failed to provide any benefit when due under the plan?10fXDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gXIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hXIf 10h was answered "Yes," check the box if you either provided the required notice or one of the10hX	Program) 10a 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X Was the plan covered by a fidelity bond? 10c X 10c X Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X X 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 Has the plan failed to provide any benefit when due under the plan? 10f X Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	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 Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	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				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	B) PN(s))
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc ne number	lian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
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 separ ce?		from	Ye	s [No		

Foi	rm 5500-SF	S	hort Form Annua	oyee	OMB Nos. 1210-0110 1210-0089							
	rtment of the Treasury mal Revenue Service		form is required to be filed	d under				2016				
Employee B	epartment of Labor lenefits Security Administration	Inc	7(b) and 6058(a) of the).	Internal	This Form is Open to Public Inspection							
Pension B	enefit Guaranty Corporation	<u> </u>	Complete all entries in a	accord	ance with the instru	uctions to the Form 5	500-SF.	•				
Part I			ication Information									
For calend	ar plan year 2016 or fi				1/2016	and ending		31/2016				
A		X a si	ngle-employer plan		king this box must attach a							
A This re	turn/report is for:	a or	e-participant plan		at of participating em Foreign plan	ployer information in ac	cordance w	ith the form instructions.)				
P This role	urn/ronort in	1 the	îrst return/report	∏ the	final return/report							
D mis reu	urn/report is					tranant (lass than 12 m	optha)					
			mended return/report		non plan year return	/report (less than 12 m	onins)					
C Check	box if filing under:	X For	n 5558	au	tomatic extension		DFVC p	rogram				
		Spe	cial extension (enter descri	iption)			_					
Part II	Basic Plan Info	rmatio	n-enter all requested inf	ormatic	n							
1a Name							1b Thre	e-diait				
		tic Su	argery 401K Prof	it s	haring Plan			number 001				
1110 041				10 0			(PN)					
								tive date of plan				
0- 0	1 / 1		· · · · · · · · · · · · · · · · · · ·					1/2006				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)								oyer Identification Number				
			y, and ZIP or foreign posta		(if foreign, see instru	uctions)		20-3518190				
The Ga	llery of Cosme	etic S	Surgery				2c Sponsor's telephone number 425-775-3561					
				2d Business code (see instructions)								
3500 188th Street SW #670					6211							
Lynnwoo	od	WA	98037									
3a Plan a	dministrator's name ar	nd addre	ss 🔀 Same las Plan Spon	isor.			3b Administrator's EIN					
							3c Administrator's telephone number					
A			<u> </u>				41	11 F. M. F. B. C. M. S.				
			onsor has changed since t n the last return/report.	the last	return/report filed fo	r this plan, enter the	4b EIN					
	or's name		a the last return report.				4c PN					
		at the h	ginning of the plan year				pri l					
							5b	12				
			nd of the plan year balances as of the end of t					L L				
							5c	7				
	,		at the beginning of the pla				5d(1)	5				
		•	at the end of the plan yea	•			5d(2)	5				
• •	•	•	ed employment during the									
			su cimpioyment during the				5e	0				
Caution: A	A penalty for the late	or incon	plete filing of this return	n/repor	t will be assessed u	unless reasonable ca						
SB or Sche	alties of perjury and ot	her pena	Ities set forth in the instruc	tions, l	declare that I have a	examined this return/re	port, includi	ng, if applicable, a Schedule best of my knowledge and				
	true, correct, and com			o won c				boot of my falomougo and				
SIGN $2/7$ CRAIG R. JO						CRAIG R. JONO	V, MD					
HERE	Signature of plan a	dminist	ator		Date	Enter name of individ	ual signing	as plan administrator				
SICN.	Signature of plan administrator Date Enter name of individu CRAIG R. JONOV Only Internation Only Internation											
SIGN		\mathcal{F}	₩		- CALLY IF (
	Signature of emplo		sponsor policable) and address (in	clude r	Date (/)			as employer or plan sponsor				
T TCPAICIS		und, II d	philogole, and address (III	Sidde I		1	i i uparei s					

	Were all of the plan's assets during the plan year invested in eligib	· ,								
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						[X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cann							L		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?] Yes	No M	lot determined	
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Y	ear	
a	Total plan assets	7a		255,	343				240,118	
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c		255,	343				240,118	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	It				(b) Total	······	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		13,2	237				1947	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13,237	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		28,	462					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
_	Administrative service providers (salaries, fees, commissions)	86 8f	·····							
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					28,462			
Collection in second second	Net income (loss) (subtract line 8h from line 8c)	8i				-15				
j	Transfers to (from) the plan (see instructions)	81								
Par	t IV Plan Characteristics	L	-							
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $3D$	feature co	des from the List of Pl	an Chai	racteris	stic Co	odes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	octerist	ic Co	des in th	ne instructior	IS:	
Par	V Compliance Questions						,			
10	During the plan year:				Yes	No	N/A	Ar	nount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
С	Was the plan covered by a fidelity bond?			10c	Х				50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	e 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.).					х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	Х				17,819	
h	2520.101-3.)	` <u></u>		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Page 3-

Part	VI	Pension Funding Compliance						
11	ls th (For	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Sch	edule S	B		Yes	No No
		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is ti	his a defined contribution plan subject to the minimum funding requirements of section 412 of the 0 SA?	Code or sectio	n 302 of		Ιп	Yes	X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.		d enter t Day		of the let Year		ng
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	9 13.				<u></u>	
b	Enter	the minimum required contribution for this plan year		12b				
c	Enter	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No	<u> </u>	I/A
Part	VII	Plan Terminations and Transfers of Assets						
_13a	ı Has	a resolution to terminate the plan been adopted in any plan year?			Yes	X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No)
с 		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden thassets or liabilities were transferred. (See instructions.)	itify the plan(s)) to				
i	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN	(s)
<u> </u>								
L	VIII	Trust Information						
14a	Name	e of trust		14b 1	rust's E	IN		
14c	Name	e of trustee or custodian				s or custo ne numbe		
Par	t IX	IRS Compliance Questions						
15a	ls the	plan a 401(k) plan? If "No," skip b	🗌 Yes		[] No		
15b	How	did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Desig safe h	n-based	Γ] "Prior y	year" A	DP
	401(k)(3) for the plan year? Check all that apply:		ent year'	_	- ···		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:	Ratio	entage		verage enefit test		N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		[] No		
	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter and the serial number	3 opinion letter		•			
	letter		enter the date	of the m	ost rece	nt detern	ninatio	n
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 sep e?	parated from	Yes] No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes] No		