## 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

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit DOWNEY PLASTIC SURGERY 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2011 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 27-3665141 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number DOWNEY PLASTIC SURGERY 206-368-1160 2d Business code (see instructions) PO BOX C-96012 BELLEVUE, WA 98009 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 3 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 3 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<u>belief, it is t</u>	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	09/15/2017	DAN DOWNEY, MD					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number				

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	☐ No
	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								163	П
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	_		Not dete	rmined
Pa	rt III Financial Information						•			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	of Year	
a	Total plan assets	7a		195340				(,	268011	
	Total plan liabilities	7b		0	)				0	
	Net plan assets (subtract line 7b from line 7a)	7c		195340	)				268011	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) To	otal	
а	Contributions received or receivable from:		` ,	39705				``		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		26600	_					
	(3) Others (including rollovers)	8a(3)		6266						
	Other income (loss)	8b		6366						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							72671	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		C	)					
q	Other expenses	8g		0	)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
÷	Net income (loss) (subtract line 8h from line 8c)	8i							72671	
÷	Transfers to (from) the plan (see instructions)		0							
	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10					Yes	No	N/A		A	
	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		163	140	IVA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
е	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.)					X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	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	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

Page 3-	1
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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 c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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?				Yes	s X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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
	for the	e 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		rom	Ye	s [	No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

## Form 5500-SF

Department of the Treasury Internet Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guarenty 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

UMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public

Paris Annual Report Identificati	ete all entries in ac	cordance with the in	structions to the Form 5	500-SF.	l In	spection
For calendar plan year 2016 or fiscal plan year to	on information					
	and the same of th	01/01/201		12	/31/2016	
A This return/report is for:	mployer plan	a multiple-employ a list of participati a foreign plan	er plan (not multiemploys ing employer information (i	r) (Filers o n accorda	hecking this bo nce with the for	x must attach m instructions.)
	turn/report	the final return/re				•
	ed return/report	· <u>2. 10.</u>				
_	sa rotalimoport	Ta short bian year	return/report (less than 12	months)		
C Check box if filing under: Form 5558	3	automatic extensi	on	Γ*	DFVC prograi	
apecial ex	tension (enter descrip	otion)		L	Dr. A.C. broßter	m
Ran II Basic Plan Information	enter all requested to	farmistism	The state of the same of the s		· · · · · · · · · · · · · · · · · · ·	
1a Name of plan	- promonant 1973	**************************************		1 45 -	and the second	
Downey Plastic Surgery 401(k)	Profit Shari	ng Plan		1 10 1	hree-digit lan number	100
		-		1 6	5N) -	001
man		-W		10 E	ffective date of	plan
2a Plan sponsor's name (employer, if for a sing	ile-employer plan)		The second secon		1/01/2011	
Mailing Address (include room, apt., suite n City or town, state or province, country, and	<ol> <li>and street, or P.O.</li> <li>ZIP or foreign posts</li> </ol>	Box)	Impherentia N	20 E	mployer identifi IN) 27-366	cation Number
Downey Plastic Surgery	est terrigit poots	r design, 366	mstructions)	PERSONAL PROPERTY AND ADDRESS.	Hard Committee of the Party of	A STATE OF THE STA
				20 5	ponsor's teleph 206) 368-1	one number
PO Box C-96012						ee instructions)
Carried States and Section 1				6:	21111	oo meducaons)
US Bellovne WA 98009		was ware sun Tabulata and a sun o				
a Plan administrator's name and address 2	Same as Plan Spon	90r		35. Ac	lministrator's El	N
			κ).	11863		
		6		3c Ac	Iministratore 44	lephone number
						ehuore unwbet
If the name and/or EIN of the plan sponsor h	as changed since the	a lact rature (see set of			7700000	
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	st return/report.	= mac recutivieport file	d for this plan, enter the	4b Ell	И	mAI.
a Sponsor's name				An Di		
a Total number of participants at the beginning  Total number of participants at the end of the	of the plan year	70 77-2-47 1 77-2-44 2 77-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		4c PN		7,000 100 100 100 100 100 100 100 100 100
the city of the city of the city of the	DIAIL VEST			5a 5b	ļ.	2
				17	d	3
	************************	*******************************		5c	į.	3
d(1) Total number of active participants at the b			ig is angles an trade to the languages and distributed and a trade to the second secon	5d(1)		2
(2) Total number of active participants at the e	nd of the plan year	AND AND THE RESERVED AND ADDRESS OF THE PARTY OF THE PART		5d(2)	Markey Company	16m2 1000 1
A Language of the state of the second and the second and the second and the second and s	Authaut datting the bis	ii) Year with accrued by	enefite that were	30(2)	<u> </u>	3
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Caution: A penalty for the late or incomplete fi	ling of this return/r	eport will be assesse	ed unless reasonable car	ton oi ant	abliahad.	44
Inder penalties of perjury and other penalties set B or Schedule MB completed and signed by an	forth in the instruction	ns, I declare that I ha	ve examined this return/re	port inclu	ding Heavily	
Be or Schedule MB completed and signed by an elief, it is true, correct, and complete.	anrolled actuary, as v	well as the electronic \	ersion of this return/report	t, and to the	ne bast of my kr	Ne, a Schedule
Da Conne	- COC-COMMONDER			Decided to		iomodge and
Sign Jan James  Signature of plan administrator	a tell leaves the leaves	1/1/2	Dan Downey, MD			- W
		Date 1/1/1	Enter name of individual	signing a	s plan administr	
Son Var Vorne		- Langa Indiana	Dan Downey, MD		- Post administr	
Signature of employer/plan aponsor		Date / 1/12		plants.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
reparer's name (including firm name, if applicable lkip this question	) and address (inclu	de room or suite numi	Enter name of individual	Drangrar	employer or p	lan sponsor
and mus dinestron				Skip th	telephone num is question	iber
				-controller (C) T	7-4011011	
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eritary salady's			優			

190	Form 5500-SF 2018		Page 2		San Land	water		
6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See Instructions.)		7117			Dellaco Color
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n indone	ndent austilled with a					
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use Fo	orm 5500-SE and must	imofor	and re-	menan	PERSONANIA CONTRA	X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance	brootem (see ERISA se	ofion /	40.04\f	ים מים ש	m 6600.	
P	arcilis Financial Information		Fradram (acc ELVION SE	CHOII -	1021)	11000	Yes	No Not determine
7	Plan Assets and Liabilities	2X3150 00	(a) Reginging	of V		7		
а	Total plan assets	7a	(a) Beginning				(	b) End of Year
Ь	Total plan liabilities	7b	***************************************	195,	evarum-u-eva	_	7-1/	268,011
C	Net plan assets (Subtract line 7b from line 7a)	7c			Q			
8	Income, Expenses, and Transfers for this Plan Year			195,	340	1		268,011
a	Contilbutions received or receivable from:		(a) Amou	INE .				(b) Total
Taren .	(1) Employers	.8a(1)		.39,	705	屋		
<u> </u>	(2) Participants	8a(2)		THE PERSON NAMED IN	600	180		
700-2	(3) Others (Including rollovers)	8a(3)		***********	0			
b	Other income (loss)	8b	The same of the sa	6.	366	-	Maria National	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	MALLE STREET				a who is	
d	Benefits pale (including pirect rollovers and insurance premiums	" non oils		A Seminor	of character and	TOTAL TOTAL	5.05 of 125 d	72,671
Iki muni	to provide benefite)	Bd		5//H24350	0	100	ires paraty	
8	Certain deemed and/or corrective distributions (see instructions)	Be .	4-10.		0			
Alexander .	Administrative service providers (salaries, fees, commissions)	8f			0			
U L	Other expenses	8g	37.579		0	图	in evil	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4				0
he	Net Income (loss) (subtract line 8h from line 8s).	Bi		70			7+440	72,671
	Transfers to (from) the plan (see instructions)	8j	United States And Stat		0	1000		
	ntive Plan Characteristics		Manager 1 and 1 an	-11/1/				
sa.	If the plan provides pension benefits, enter the applicable pension fee	ature cod	es from the List of Plan	Chara	cteris	tic Co	des in the	instructione:
- 1	ZA ZE ZG ZO ZR 3D							3.5
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure code	s from the List of Plan C	harac	terleti	- Cod	les is the is	atmosticus (a
بالمستعير				110100	renoth		ica in tile tu	structions
<b>I</b> Pa	Compliance Questions					-4	111111111111111111111111111111111111111	
10	During the plan year:		The second secon	*********	Evan	L	[Second	
a	Was there a failure to transmit to the plan any participant contribution	ons within	the time period	Ť	198	No	N/A	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	intary Flo	luciary Correction			1		
	Program)	*******		10a	Ť.	x		
b	Were there any nonexempt transactions with any party-in-interest?	(Do not is	politica 4	1	1			
	PROFILED TO THE TOTAL STREET OF THE PROFILED TO STREET STREET STREET TO THE STREET STR	wairdakiydarda	(married transcription of the contract of the	10Ь	2	ж	1000	
C	Was the plan covered by a fidelity bond?		*************	100	ж			25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic by fraud or dishonesty?	lelity bon	d, that was caused					23,000
9	Were any fees or commissions paid to any brokers, agents, or other	*********	William of the Sand of Sandan market Salar	10d		Х		
	Value in the value of the control of	or all as it	lead to the state of	1				
	the plan? (See Instructions.)	Graduate (const	ne nenember andel	10e		×		
f	Has the plan failed to provide any benefit when due under the plan?	**********	***************************************	10f	100 10	X		
	Did the plan have any participant loans? (If "Yes," enter amount as o			10g	THE COMME	100000		
g		THE RESERVE AND ADDRESS OF THE PARTY OF THE		700		X		
g h	If this is an individual account plan, was there a blackout period? (Se	e instruc	ctions and 20 CED	144		174	Liance market	
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	**********	*************************	106		x		The state of the s
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10h		х		

Form 5500-SF 2016	Page 3 -
Popular Funding Constitution	
Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," seem 5500 and line 114 between	- I make the second of the sec
AL OTHE GENERAL HEIGHT IN THE DERIVER LANGUAGE CONTRACTOR OF THE PROPERTY OF T	Luce and the Color No.
- 1 the circuit die depoil internation required controlled is for all years from Schadula Se re	FORM 55000 Hap 40
ERISA?	AND
a If a waiver of the minimum funding standard for a prior year is being amortized in the granting the waiver	
in you completed line 12a, complete lines 3, 9, and 10 of Schedula MB (Form 5500	0), and skip to line 13
b Enter the minimum required contribution for this plan year.	manusco, and the second
C Enter the amount contributed by the employer to the plan for the plan year	(7)-17-10-17-10-17-17-17-17-17-17-17-17-17-17-17-17-17-
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter	r a minus sign to the left of a 12d
Will the minimum funding amount reported on line 12d be met by the funding deadling amount reported on line 12d be met by the 12d b	ine?
Part VILE Plan Terminations and Transfers of Assets	Yes No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?	500 Van 1907
If "Yes," enter the amount of any plan assets that reverted to the employer this year	133
b Were all the plan assets distributed to participants or beneficiaries, transferred to an control of the PBGC?	· Carrier and the second secon
c If, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See Institiotions.)	nother plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) E(N(s) 13c(3) PN(s)
1 7 a m	13c(2) E(N(s) 13c(3) PN(s)
	1
East VIII Trust Information - Skip These Questions	The second secon
14a Name of trust	The state of the s
and the state of t	14b Trust's EIN
14c Name of trustee or custodian	
	14d Trustee or custodian's telephone number
	- Company of the Comp
RS Compliance Questions - Skip These Questions	We will place to the place to t
15a Is the plan a 401(k) plan? If "No," skip b.	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals u	The state of the s
401(k)(3) for the plan year? Check all that apply:	safe harbor  test
The same that the same training to the same training t	"Current year" N/A
16a What testing method was used to satisfy the coverage requirements under section 41 year? Check all that apply:	10(b) for the plan Ratio
	honofit to at L ! N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410 for the plan year by combining this plan with any other plan under the permissive aggination.	region rules?   Y6S   Na
1/a if the plan is a master and prototype plan (M&P) or volume submitter plan that receive the letter.	ed a favorable IRS opinion letter or advisory letter, enter the date of
17b If the plan is an individually-designed plan that received a favorable determination letter is the plan is an individually-designed plan that received a favorable determination letter.	er from the IRS, enter the date of the most recent determination
Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who who had been plan year to an employee who who had been plan year to an employee who who had been plan year to an employee who who had been plan year to an employee who who had been plan year to an employee who who had been plan year to an employee who who had been plan year to an employee who who had been plan year to an employee who who had been plan year to an employee when the plan year to an employee when the plan year to an employee who had been plan year.	
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19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the p	rior plan year? Yes No