Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2017

This Form is Open to **Public Inspection**

| Part I | Annual Report | Identification Information | | | | | | |
|--|----------------------------------|--|--------------------------------------|---|--|---------------------|--|--|
| For calenda | ar plan year 2017 or fi | scal plan year beginning 01/01/2017 | | and ending 12 | 2/31/2017 | | | |
| A This return/report is for: X a single-employer plan | | | | | | | | |
| B This return/report is | | a one-participant plan | a foreign plan | | | | | |
| B This retu | urn/report is | | | | | | | |
| | | n/report (less than 12 m | months) | | | | | |
| C Check I | box if filing under: | 片 | automatic extension | | DFVC program | | | |
| | 1 | special extension (enter description | <i>'</i> | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested information | ation | | | | | |
| 1a Name | of plan | | | | 1b Three-digit | | | |
| SKINSPIRIT | SKINSPIRIT ESSENTIAL 401(K) PLAN | | | | plan number | | | |
| | | | | (PN) > | 001 | | | |
| | | | 1c Effective date of plan 01/01/2015 | | | | | |
| | | yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Bo | v) | | 2b Employer Identification Number | | | |
| | | ce, country, and ZIP or foreign postal co | | ructions) | (EIN) 46-2736285 | | | |
| SKINSPIRIT ESSENTIAL, LLC | | | , | 2c Sponsor's telephone number 425-890-6059 | | | | |
| | | | | | 2d Business code (see instructions) | | | |
| 999 N. NORT SEATTLE, W | THLAKE WAY, SUITE | 206 | | | 541990 | | | |
| OLATTLE, W | 7A 90103 | | | | | | | |
| 3a Plan a | dministrator's name ar | nd address X Same as Plan Sponsor. | | | 3b Administrator's | EIN | | |
| | | _ | | | 3c Administrator's | telephone number | | |
| | | | | | 7 Administrator 5 | telepriorie framber | | |
| | | | | | | | | |
| | | e plan sponsor or the plan name has ch nsor's name, EIN, the plan name and th | | | 4b EIN | | | |
| • | or's name | , , , | • | • | 4d PN | | | |
| C Plan N | lame | | | | | | | |
| 5a Total r | number of participants | | 5a 20 | | | | | |
| | | at the beginning of the plan year | | | 5b | | | |
| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | | contribution plans | 5c 16 | | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | 5d(1) 2 | | | | | |
| d(2) Total number of active participants at the end of the plan year | | | 5d(2) | | | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | 5e 0 | | | | | |
| Caution: A | penalty for the late | or incomplete filing of this return/rep | ort will be assessed | unless reasonable cau | use is established. | | | |
| SB or Sche | | her penalties set forth in the instructions nd signed by an enrolled actuary, as we | | | | | | |
| SIGN | | /valid electronic signature. | 06/22/2018 | JEFF BOWIE | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individ | ual signing as plan ad | ministrator | | |
| SIGN | Filed with authorized | /valid electronic signature. | 06/22/2018 | JEFF BOWIE | <u> </u> | | | |

Date

Enter name of individual signing as employer or plan sponsor

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| С | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | | | | | | X Yes No | | |
|----------|---|---------|---------------|---------|-----|-----------------|-----------|--------|--|
| Par | t III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | (b) End of Year | | | |
| а | Total plan assets | . 7a | | 11290 | | | · · · · · | 236068 | |
| b | Total plan liabilities | . 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 1 | 11290 | | 236068 | | 236068 | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | (b) Total | | Total | |
| а | Contributions received or receivable from: | | | | | | | | |
| | (1) Employers | . 8a(1) | | 42414 | | | | | |
| | (2) Participants | . 8a(2) | (| 66848 | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | | | | | |
| <u>b</u> | Other income (loss) | . 8b | 1 | 24697 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | 133959 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 7970 | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 1211 | | | | | |
| g | Other expenses | nses | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | 9181 | |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | 124778 | |
| j | Fransfers to (from) the plan (see instructions) | | | | | | | | |
| Par | Part IV Plan Characteristics | | | | | | | | |
| 9a | | | | | | | | | |
| b | | | | | | | | | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | 10a | X | | | 12962 | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | X | | | | |
| С | C Was the plan covered by a fidelity bond? | | | 10c | X | | | 25000 | |
| d | 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 | | | 10e | X | | | 465 | |
| f | f Has the plan failed to provide any benefit when due under the plan? | | | | X | | | | |
| g | g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | | X | | | | |
| h | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below) | nedule S | B | [] Y | ′es X No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | . 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | n 302 o | f | Y | ′es X No |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver | | | of the lette Year _ | r ruling |
| lf y | you completed line 12a, 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 | 12b | | | |
| C Enter the amount contributed by the employer to the plan for this plan year | | | | | |
| 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 | 13a Has a resolution to terminate the plan been adopted in any plan year? | | | | 0 |
| | 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 control of the PBGC? | | . 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) which assets or liabilities were transferred. (See instructions.) |) to | | | |
| 1 | 3c(1) Name of plan(s): 13c(2 |) EIN(s) | | 13c(3 |) PN(s) |
| | | | | | |