Image Normal Network States 2017 Decrement of states This form is required to be field under sections 05(4) and 4005(6) of the Employee Retirement Revenue Code (the Code). This form is copies of because decrement of 05(4) of the Issues Parta Based Councy Classicality For calendar plan parts 2017 of Stealing and parts beginning of 1012017 and anding 1201/2017 The section of 05(4) of the Issues Parta Based Councy Classicality For calendar plan parts 2017 of Stealing and parts beginning of 1012017 and and ng 1201/2017 The section of 05(4) of the Issues A This returning on its for the instructions of the form topic of the Issues and and ng 1201/2017 The section of the Issue of the Issues B This returning on its for the instruction instructions of the Issue of the Is	Form 5500-SF Short Form Annual Return/Report of Small Em Department of the Treasury Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089				
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Complete all activity of the plan year (2017) Complete all actives in accordance with the instructions to the Form \$500.551 Part I Annual Report (Editormation For calendar plan year (2017) Constant Report Constant Constan	Employee B	enefits Security Administration	Income Security Act of 1974			e Internal	This Form is Open to				
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					. X Yes	No			
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							X Yes	□ No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,					. ^ 100				
С	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											
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)											
Do	rt III Financial Information											
							<i>(</i>) =					
7	Plan Assets and Liabilities	7.	(a) Beginning o	of Year 40118			(b) En	d of Year				
<u>a</u> b	Total plan assets	7a 7b	24	40110				20778				
	Total plan liabilities	7b	2	40118				20778				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c					(1.)					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	It			(d)	Total				
a	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		28554								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						28554				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24	47819								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		75								
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						247894				
i	Net income (loss) (subtract line 8h from line 8c)	8i					-219340					
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 Pl	an Cha	racteri	stic Co	des in the ir	structions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the ins	tructions:				
De	t V Compliance Questions											
Pa					Yes	No		•				
10	During the plan year:	tiona with	in the time period		res	NO		Amount				
C	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		Х						
k	Were there any nonexempt transactions with any party-in-interest											
	reported on line 10a.)			10b		X						
			10c	Х			500	000				
с 	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x						
e	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.)

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

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of	🛛	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the dat ay	te of the le Yea		ling
If y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r 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 left of a ative 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	Has	a resolution to terminate the plan been adopted in any plan year?		ΧY	es	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?			Yes	XN	lo
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(5)	130	:(3) P	N(s)
			<u>) = : ((</u>	,		<u>(()</u>	

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	5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089
	of the Treasury venue Service		ed under sections 104 and	1065 of the Employee Retirement	2017
Employee Benefits	ent of Labor Security Administration		(ERISA), and sections 608 Revenue Code (the Code	57(b) and 6058(a) of the Internal e).	This Form is Open to Public Inspection
Pension Benefit G	uaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5500-SF.	
Part I Ar	nual Repor	t Identification Information			
For calendar pla	n year 2017 or	fiscal plan year beginning	01/01/2017	and ending 12,	/31/2017
A This return/re	eport is for:	\overline{X} a single-employer plan	to the second	an (not multiemployer) (Filers che pployer information in accordance	
		a one-participant plan	a foreign plan		
B This return/re	port is	the first return/report	the final return/report		
		an amended return/report	a short plan year retur	n/report (less than 12 months)	
C Check box if	filing under:	X Form 5558	automatic extension		program
		special extension (enter desc	ription)		
Part II Ba	isic Plan Inf	ormation—enter all requested in	formation		
1a Name of pla	an			1b Th	
The Gallery	y of Cosme	etic Surgery 401K Pro:	fit Sharing Plan		n number 001 N) ▶
					ective date of plan
					01/2006
Mailing add	ress (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		(EI	ployer Identification Number N)20-3518190
		ice, country, and ZIP or foreign post າetic Surgery	tal code (if foreign, see inst	2 C Sp	onsor's telephone number
					5-775-3561
3500 188th	a Street S	W #670			siness code (see instructions) 111
Lynnwood		WA 98037			
3a Plan admini	strator's name a	and address 🛛 Same as Plan Spo	nsor.	3b Adı	ninistrator's EIN
				3c Adı	ninistrator's telephone number
4 If the name	and/or FIN of th	ne plan sponsor or the plan name h	as changed since the last r	eturn/report filed for 4b EIN	
this plan, e	nter the plan sp	onsor's name, EIN, the plan name a		ne last return/report.	
 a Sponsor's n c Plan Name 	ame			4d PN	
			···· ·		
		s at the beginning of the plan year.			1.1
	• •	s at the end of the plan year		contribution plana	(
		account balances as of the end of			{
•••		articipants at the beginning of the pl	-		Ţ
d(2) Total number of active participants at the end of the plan year				(
 e Number of participants who 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 ca 					
	MB completed a	other penalties set forth in the instruct and signed by an enrolled actuary, a anlete			
SIGN		CM	08/25/2018	CRAIG R. JONOV, MD	······
HERE	nature of plan	administrator	Date	Enter name of individual signing	as plan administrator
3		CM	08/25/2018	CRAIG R. JONOV, MD	2
SIGN					
SIGN HERE Sig	nature of empl	oyer/plan sponsor	Date	Enter name of individual signing	as employer or plan sponsor

×.

Form 5500-SF 2017

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							X Yes No			
	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									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		· · <i>· · · ·</i> · · · ·	·····				
	If you answered "No" to either line 6a or line 6b, the plan cann					-				
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					hand				
	If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC p	premium filing for this p	lan yea	r		. (See instructions.)			
Pa	rt III Financial Information						Anna ann an Anna A			
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year			
a	Total plan assets	7a		240,	118	6	20,778			
b	Total plan liabilities	7b								
с	Net plan assets (subtract line 7b from line 7a)	7c		240,	118		20,778			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(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		28,	554		· · ·			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					28,554			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		247,	819					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	ministrative service providers (salaries, fees, commissions) 8f				75		·			
<u> </u>	Other expenses	8g		,			· ·			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					247,894			
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>					-219,340			
j	Transfers to (from) the plan (see instructions)	8j								
	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 Pl	an Chai	racteri	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	oterist	lic Cod	les in the instructions:			
Par							· · · · · · · · · · · · · · · · · · ·			
10	During the plan year:				Yes	No	Amount			
'a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary l	Iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		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	anti isti			
e	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.)	ne or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-	end.)	10g		Х				

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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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2520.101-3.) 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 Form 5500-SF 2017

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Part	VI Pe	ension Funding Compliance								
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 500) and line 11a below)			SB] [] Ye	əs [] No
11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERISA? (If "Yes	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o , ," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			•••••		[] Ye	E.:	
	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver	ons, and		r the d ay	ate	of the I Ye		ruling	g
lf	you com	pleted 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		12c	_					
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of e amount)		12d						
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	No No		N/.	A
Part	VII PI	an Terminations and Transfers of Assets								
13a	Has a re	esolution to terminate the plan been adopted in any plan year?			Χ	Yes] No)	
	lf "Yes,'	enter the amount of any plan assets that reverted to the employer this year		13a						0
b		ll the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?								
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ssets or liabilities were transferred. (See instructions.)	e plan(s)	to						
1	1 3c(1) Na	me of plan(s):	13c(2)	EIN(s	5)		1:	Bc(3)	PN(s	s)
						\uparrow				