## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2017

This Form is Open to Public Inspection

Parti	Annual Report	identification information								
For calend	lar plan year 2017 or fi	scal plan year beginning 01/01/2	017	and ending 12	/31/2017					
A This re	turn/report is for:	a single-employer plan		an (not multiemployer) (F	_					
		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	ar return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m				
		special extension (enter descri	. ,							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name DOWNEY P	•	01(K) PROFIT SHARING PLAN			1b Three-digition plan numb (PN) ▶					
					1c Effective d	ate of plan 01/01/2011				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		<b>2b</b> Employer Identification Number (EIN) 27-3665141					
-	r town, state or provinc	e, country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	, ,	telephone number				
DOWNLIT	LASTIC SUNGLINI					6-368-1160				
PO BOX 960 BELLEVUE,					20 Business of	code (see instructions) 621111				
,										
3a Plan a	administrator's name ar	nd address X Same as Plan Spon	isor.		<b>3b</b> Administra	tor's EIN				
					3c Administra	tor's telephone number				
					JC Auministra	tor's telephone number				
<b>A</b> 10 de -			and a second about the back of	at any form and Clark form	Ab cu					
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a		· ·	4b EIN					
•	sor's name				4d PN					
C Plan N	vame									
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	3				
		at the end of the plan year			5b	3				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)										
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	3				
		rticipants at the end of the plan year			5d(2)	2				
than	100% vested	terminated employment during the			5e	1				
		or incomplete filing of this return								
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	/valid electronic signature.	10/01/2018	DAN DOWNEY, MD						
HERE	Signature of plan a		Date 10/01/2018	Enter name of individu	al signing as pla	n administrator				
SIGN HERE	Filed with authorized	/valid electronic signature.	DAN DOWNEY, MD							
TILIXE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	f individual signing as employer or plan sponso					

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the							Not determined . (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
а	Total plan assets	7a	20	68011				382184
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7с	20	68011				382184
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ·	Γotal
<u>а</u>	Contributions received or receivable from:  (1) Employers	8a(1)	4	41312				
	(2) Participants	8a(2)	2	26600	_			
	(3) Others (including rollovers)	8a(3)		0	_			
b	Other income (loss)	8b	ŧ.	57261				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						125173
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	,	11000				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0	_			
f	Administrative service providers (salaries, fees, commissions)	strative service providers (salaries, fees, commissions) 8f 0						
	Other expenses	8g		0	_			
	Total expenses (add lines 8d, 8e, 8f, and 8g)							11000
	Net income (loss) (subtract line 8h from line 8c)	8i						114173
	Transfers to (from) the plan (see instructions)	8j		0				
Pai 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	footure	don from the List of DI	on Cho	ractori	otio Co	doe in the inc	tructions:
эа	2A 2E 2G 2J 2R 3D	reature co	des nom the List of Fi	an Cna	lacteri	SIIC CO	ides ili tile ilis	iructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
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		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
C				10c	X			50000
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused	10d		X		30000
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.)					Х		
f	Has the plan failed to provide any benefit when due under the plan	as the plan failed to provide any benefit when due under the plan?						
g			·	10g		Χ		
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			10i				

Form 5500-SF 2017	Page <b>3-</b> 1		
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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			
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 (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	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2017

OMB Nos. 1210-0110

1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form Is Open to Public Inspection

Part I Annual Report Identification Info	in accordance with the Ins	ructions to the Form 5500-SF.	Inspection
Part I Annual Report Identification Information Company For calendar plan year 2017 or fiscal plan year beginning	ition		
	01/01/2017	and ending 12	/31/2017
A This return/report is for:    x   a single-employer plan     a one-participant plan     the first return/report	a multiple-employe a list of participatin a foreign plan the final return/repo	r plan (not multiemployer) (Filers c employer information in accordar	hacking this how must affect
an amended return/repo  C Check box if filing under: Form 5558	rt 🗍 a short plan year re	turn/report (less than 12 months)	
special extension (enter	automatic extension description)	· []	DFVC program
Part   Basic Plan Information enter all reque 1a Name of plan	sted information	. 7270	
Downey Plastic Surgery 401(k) Profit S		p) (F	nree-digit an number N) ► 001
2a Plan sponsor's name (amelium if f		TG EI	fective date of plan 1/01/2011
2a Plan sponsor's name (employer, if for a single-employer p Mailing Address (include room, apt., suite no. and street, City or town, state or province, country, and ZIP or foreign Downey Plastic Surgery	olan) or P.O. Box) o postal code (if foreign, see in	2L =	mployer Identification Number IN) 27-3665141
y		2c Sp	ponsor's telephone number 206) 368-1160
DO Box C-96012 US Bellevus WA 98009		2d Bu	siness code (see instructions) 21111
3a Plan administrator's name and address X Same as Plan			
<ul> <li>If the name and/or EIN of the plan sponsor or the plan name this plan, enter the plan sponsor's name, EIN, the plan name</li> <li>Sponsor's name</li> <li>Plan Name</li> </ul>	ne has changed since the last ne and the plan number from t		
Total number of participants at the beginning of the pion vo	ar		
			3
complete this item)	or the plan year (only defined	contribution plans 5c	3
- 17 Total harriser of active participants at the beginning of the	plan year		3
d(2) Total number of active participants at the end of the plan  Number of participants who terminated employment during less than 100% vested	yearthe plan year with account her	5d(2)	2
~	***************************************		1
Caution: A penalty for the late or incomplete filing of this re Under penalties of perjury and other penalties set forth in the ins SB or Schedule MB completed and signed by an enrolled actua cellef, it is true, forect, and complete.  SIGN HERE Signature of planedoministrate.	ry, as well as the electronic ve	unless reasonable cause is estate examined this return/report, includersion of this return/report, and to the Dan Downey, MD	abilshed. Iling, if applicable, a Schedule e best of my knowledge and
SIGN Jan James		Enter name of individual signing as Dan Downey, MD	s plan administrator
HERE Signature of employer/plan sponsor	/ 4	Enter name of Individual signing as	s employer or plan enonger

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligible	la								***************************************	
þ	. " o 100 claiming a waiver of the annual evamination and sometration	and the transfer of	A	coun	tant (l	 QPA)	*********			es No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the second										
C	If the plan is a defined benefit plan, is it covered under the PBGC in if "Yes" is checked, enter the My PAA confirmation number from the	ngurance i	orgram (see EDICA	inste:	ad us	e For	m 5600	).	_		
	If "Yes" is checked, enter the My PAA confirmation number from the	- bboa	biodiaw (288 FKIŻY 26	ction 4	1021)1	· · · · · ·	L	es _	No No	at determine	
P	If "Yes" is checked, enter the My PAA confirmation number from the art III Financial Information	# PBGC p	premium filing for this ye	ar					(See ins	tructions.)	
7	Plan Assets and Liabilities	T -/				ar 5					
а		.WAY	(a) Beginning	of Y	ear			(b)	nd of Year		
b	Total plan assets	. 7a		268	011				38	2,184	
C	Total plan liabilities	. 7b			0					0	
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year			268,	011				38	2,184	
a	Contributions received or receivable from:	Apr. 100.51	(a) Amou	nt				1	b) Total	2/104	
_	(1) Employers	8a(1)		4.7		.113	ideac	5/4/25	Ustra Marie	sign#light#	
_	(2) Participants		<del></del>	41,		123	1 1 1 1 1	ATT TRAFFIC TO STATE OF THE			
_	(3) Others (including rollovers)	0-/01	~~~	26,	_	- 31	组织Carry Faranges				
þ	Other income (loss)	8a(3)			Ò	1.7		139 3	加州州湖	经过帐油	
C	rotal income (add lines 82(1), 8a(2), 8a(3), and 8b)	8b	and the state of t	-	261		湖南湖	社会社员	Endfolks.		
d	Establica pallo tilicidolino direct rollovave 4-3 i-		海岸中海洋海州海	ANN PARTY.		313			12	5,173	
_	to provide policins)	Bd		11,	000	31	P425	THE PARTY OF THE			
-	Gertain deemed and/or corrective distributions (see instructions)	89			0	0.0	1474.123	34 4 A	in eninge Tippidigi	TELEFORES	
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f			0	6.50	de semi	astr. 15	ering baker	· 在 2000年前	
g	Other expenses	8g			0						
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	AND KINDSON CONTRA	14.002		20	ideological.	Carriera	adh e d		
1	Net income (loss) (subtract line 8h from line 8c)	Bì	Sand Callery	Agent 4	2561.63	17	-			L,000	
1	transfers to (from) the plan (see instructions)	81	e entresellor di all'embrasico y al bit	de Charle	D D		Transfer in	The State of the S	A	1,173	
	Incivit Plan Characteristics							F		主线斯特	
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2G 2J 2R 3D	ature code	es from the Liet of Die-	^L							
4	2A 2E 2G 2J 2R 3D		sa morn rue cièt di Lièti (	∍л <b>ага</b>	cterist	ic Co	des in t	he instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan C	haract	eristic	Code	es in th	e instru	ctions;		
	rt V Compliance Questions			-							
10	During the plan year:						_				
a	Was there a failure to transmit to the plan any participant contribution				Yes	No	N/A		Amount		
	The Value of the Party of the Value of the V	ons Within	the time period				13				
	31 1011 //					b_	100				
b	THE PROPERTY OF THE PROPERTY O	400		10a		ж	7.1				
_				106	1	ж	33				
C	vide the plan covered by a fidelity bond?			10c	х					50.000	
d	by fraud or dishonesty?	delity bond	i, that was caused		16	x	310		-	50,000	
е	vivere any fees or commissions hald to any brokers, assets, as all a			10d		^					
							1.5				
F	(-10 man deporter)	************	Name in the second seco	10e		x	x (e)				
	reas the plan falled to provide any benefit when due under the plan?	*************	***************************************	10f		х	100				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		х	S <sub>404</sub>				
h	II this is an individual account plan, was there a blockert and a co						2	1	Property of	01: 35 E	
i		***********		10h		X	H	in in	. The REE	ed Dr. M	
	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	required :	notice or one of the	ا بمه							
	20 01 12 2020,1010		***************************************	101			- 1	. Y.X.		100 PR-51	

Dev San	Form 5500-SF 2017 Page 3 -						
Pai	t VI Pension Funding Compliance						
	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar (Form 5500 and line 11a below)	id complete S	Schedule	SB	Пу	es E	X No
11:							
12	ERISA?		11a   tion 302	of	П	es la	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 this plan year, see granting the waiver				1-		_
	granting the waiver	instructions, :	and ente	the date			uling
lf	124, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skin to line	4.12	Da	/	Year	_	
b	Enter the minimum required contribution for this plan year	5 IJ,	12b				
Ċ	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	a left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*************		V++ [	7 as -	<b>-</b>	
Par	VII Plan Terminations and Transfers of Assets	******************		Yes	No L	N	/A
13a	Has a resolution to terminate the plan been adopted in any plan year?				pinning		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***********		) Yes	<u>x</u>	Vo	
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad	ught under th	13a		∕es ox	] No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)				100 W	140	
1	Bc(1) Name of plan(s):	40 /01 -	/a				
		13c(2) E	IN(s)		13c(3	) PN(	s)