-	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee R Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee R Employee Benefits Security Administration Revenue Code (the Code).									
					Internal	This Form is Open to Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	00-SF.				
Part I		Identification Information		and and an to a	104/0040				
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2			2/31/2018	for a defective second of the share			
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) (I employer information in ac		king this box must attach a ith the form instructions.)			
B This ret	urn/report is	a one-participant plan							
		the first return/report	the final return/report	t urn/report (less than 12 mo	antha)				
	have to the second and	an amended return/report			_				
Check	box if filing under:	K Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desc	1 ,						
Part II		rmation—enter all requested in	formation		41				
1a Name	of plan N CARE, INC., 401(K)	ΡΙΔΝ			1b Three plan	e-digit number			
50005 SIXII	V CARE, INC., 401(R)				(PN)				
					1c Effect	tive date of plan 01/01/2011			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Empl (EIN)	oyer Identification Number			
City or		e, country, and ZIP or foreign post		structions)	. ,	isor's telephone number			
				-	2d Busir	425-255-8100 ness code (see instructions)			
	ETROVITSKY RD					611000			
RENTON, W	/A 98055					011000			
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
					30 Admi	nistrator's telephone number			
		e plan sponsor or the plan name h			4b EIN				
•	lan, enter the plan spo sor's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN				
C Plan N									
5a Total	number of participants	at the beginning of the plan year.			5a	9			
_		at the end of the plan year			5b	9			
C Numb	per of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	4			
	,	rticipants at the beginning of the p			5d(1)	8			
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	9			
		terminated employment during the			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	ise is estal	blished.			
Under pena SB or Sche	alties of perjury and otl edule MB completed ar	her penalties set forth in the instrund signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
SIGN	true, correct, and comp	valid electronic signature.	09/20/2019	DAVID S GOOD					
HERE	Signature of plan a		Date	Enter name of individu	ual signing :	as plan administrator			
SIGN		/valid electronic signature.	09/20/2019	DAVID S GOOD					
HERE	Signature of emplo	5	Date		Jal signing :	as employer or plan sponsor			
For Paperw		e, see the Instructions for Form 550			aar orginnig i	Form 5500-SF (2018)			

v.171027

6a											
D	b 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.										
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 th	e PBGC p	premium filing for this plan year	(See instructions.)							
D											
Ра	rt III Financial Information			1							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	46065	53446							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	46065	53446							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	0								
	(2) Participants	8a(2)	16800								
	(3) Others (including rollovers)	8a(3)									

(3) Others (including follovers)	oa(s)				
b Other income (loss)			-4665		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					12135
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4754		
e Certain deemed and/or corrective distributions (see instructions)					
f Administrative service providers (salaries, fees, commissions)			0		
g Other expenses			0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)					4754
i Net income (loss) (subtract line 8h from line 8c)	8i				7381
j Transfers to (from) the plan (see instructions)					
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	n feature co	odes from the List of Pl	an Characte	istic Co	odes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Characteri	stic Co	des in the instructions:
Part V Compliance Questions					
10 During the plan year:			Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib	utions with	in the time period			1

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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c		Х	
d	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	
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.).	10e	x		52
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X 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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ling
lf	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 ative amount)		12d				
e	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	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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PI	N(s)

	Form 5500-SF	Short Form Annua	al Return/Report of Small Emp Benefit Plan	oloyee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to I	be filed under sections 104 and 4065 of the Em	plovee -	2018
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	6058(a) of -	This Form is Open to Public Inspection		
P	art I Annual Report Ic	dentification Information			
For	calendar plan year 2018 or fisca	al plan year beginning	01/01/2018 and ending	12/3	31/2018
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	 a multiple-employer plan (not multiemplo a list of participating employer informatio a foreign plan the final return/report a short plan year return/report (less than 	n in accordance	
С	Check box if filing under:	x Form 5558	automatic extension	[] (DFVC program
	[special extension (enter des	cription)		
Pa	art II Basic Plan Infor	mation enter all requeste	d information		
1a	Name of plan Swiss Skin Care, Inc	e., 401(k) Plan		pla (Pt	ree-digit in number N) ► 002
					/01/2011
2a		n, apt., suite no. and street, or F) 2.O. Box) ostal code (if foreign, see instructions)	1	nployer Identification Number N) 91–1335836
	Swiss Skin Care, Inc				onsor's telephone number 25) 255–8100
	10904 SE Petrovitsky	7 Rd			siness code (see instructions) 1000
30	US Renton WA 98055 Plan administrator's name and	d addross X Sama as Plan S	Dancar	3h Ad	ministrator's EIN
Ja		address I Saine as Flair S	ponsor		ministrator's telephone number
4	Killer sense and las Elbi af des		has abarred sizes the fast seturation at Electric	or 4b Ell	x 1
4			has changed since the last return/report filed for and the plan number from the last return/report	2	N
a c	Sponsor's name Plan Name			4d PN	1
5a	Total number of participants a	at the beginning of the plan yea	r	5a	9
b		1 3		5b	9
с			of the plan year (only defined contribution plans	5c	4
d	(1) Total number of active parti	cipants at the beginning of the	plan year	5d(1)	8
d	(2) Total number of active parti	cipants at the end of the plan y	ear	5d(2)	9
е			he plan year with accrued benefits that were	5e	0
Ca	aution: A penalty for the late o	or incomplete filing of this ret	urn/report will be assessed unless reasonab	le cause is es	tablished.
SE		nd signed by an enrolled actuar	tructions, I declare that I have examined this re- y, as well as the electronic version of this return		

SIGN	I saided a poor		DAVID S GOOD
HERE	Signature of plan administrator	Date 9-20-19	Enter name of individual signing as plan administrator
SIGN	David A Smith		DAVID S GOOD
10000000000000000000000000000000000000	Signature of employer/plan sponsor	Date 9-7/9-19	Enter name of individual signing as employer or plan sponsor

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

6a	Were all of the plan's	assets during the	lan year invested	n eligible accete? (Se	a instructions)	

X Yes No e 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 an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 year _____

(See instructions.)

Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b)	End of Year
а	Total plan assets	7a	46,0	65			53,446
b	Total plan liabilities	7b					_2#615%-2#6.
с	Net plan assets (subtract line 7b from line 7a)	7c	46,0	065			53,446
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)	16,8	300	1122		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	(4,6)	55)			The stand of the second
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12,135
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4,	754			
е	Certain deemed and/or corrective distributions (see instructions)	8e				一种目标的	He with the particulation of the
f	Administrative service providers (salaries, fees, commissions)	8f		0	1.0		
g	Other expenses	8g		0	REF.	a si si Maja	医子后的现 识是可以。
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4,754
i	Net income (loss) (subtract line 8h from line 8c)	8i	and the second				7,381
i	Transfers to (from) the plan (see instructions)	8j					
P	art IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare fea		e dad i e da construir de la co Registra de la construir de la c				
Captorna and	art V Compliance Questions					and and a second s	
10	During the plan year:			Yes	No	N/A	Amount
â	the second s						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	1999 - 1999 - 1 999 - 1999				1.2	
-	Program)	and the state of the second seco		1	X		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			0	x	and and	

_		100		1.	COLCO.	
С	Was the plan covered by a fidelity bond?	10c		x		
d	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		
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.)	10e	x			52
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Form 5500-SF 2018

Page	3 -	

Par	VI	Pension Funding Compliance		
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S 5500 and line 11a below)		
11a		he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ?		
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a g the waiver Month		er the date of the letter ruling
lf y	ou con	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter t	he minimum required contribution for this plan year	12b	
с	Enter t	he amount contributed by the employer to the plan for the plan year	12c	
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a /e amount)	12d	
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A
Par	VII	Plan Terminations and Transfers of Assets		
13a	Has a	resolution to terminate the plan been adopted in any plan year?	C	Yes X No
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year	13a	
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?		Yes X No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	(s) to	
1	3c(1) N	ame of plan(s): 13c(2) E	IN(s)	13c(3) PN(s)