## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	• •	Complete all entries in accorda	ince with the instruc	tions to the Form 550	<i>1</i> 0-5F.		
Part l	_	Identification Information					
For cale	ndar plan year 2013 or fi	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
<b>A</b> This	return/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This	return/report is:	the first return/report	ne final return/report				
		an amended return/report a	short plan year returr	n/report (less than 12 m	nonths)	)	
<b>C</b> Che	ck box if filing under:	X Form 5558	utomatic extension			DFVC progra	am
		special extension (enter description	)				
Part I	Basic Plan Info	rmation—enter all requested informat	on				
1a Nar	ne of plan				1b	Three-digit	
HEARING	& BALANCE LAB, PC 4	01(K) PROFIT SHARING PLAN				plan number	001
					10	(PN) ▶ Effective date o	001
					10	01/01/	•
	n sponsor's name and ad & BALANCE LAB, P.C.	ldress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
15906 MI	LL CREEK BLVD., SUITI	E 102				425-225	
MILL CRI	EEK, WA 98012				2d	Business code (	(see instructions)
3a Pla	n administrator's name ar	nd address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
						,	.с.оро
					<u> </u>		
		e plan sponsor has changed since the las mber from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN	
	nsor's name	mber from the last return/report.			4c	PN	
<b>5a</b> Tot	al number of participants	at the beginning of the plan year			5a		7
<b>b</b> Tot	al number of participants	at the end of the plan year			5b		6
		account balances as of the end of the pla	• •	•	5c		5
6a w	ere all of the plan's assets	s during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
<b>b</b> Are	you claiming a waiver of	f the annual examination and report of ar	independent qualifie	d public accountant (IC	PA)		
		? (See instructions on waiver eligibility ar					X Yes   No
		ither line 6a or line 6b, the plan cannot					1
C If th	e plan is a defined benef	fit plan, is it covered under the PBGC insi	urance program (see	ERISA section 4021)?		Yes   No	Not determined
Caution	: A penalty for the late	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is	established.	
		her penalties set forth in the instructions,					
	chedule MB completed and is true, correct, and complete the correct is true.	nd signed by an enrolled actuary, as well plete.	as the electronic vers	sion of this return/repor	t, and t	to the best of my	knowledge and
SIGN	Filed with authorized/	valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual sio	ıning as emplove	er or plan sponsor
Prepare		name, if applicable) and address; include					number (optional)

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea		T		(b) End of Voor
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea		+		(b) End of Year 473288
<u>a</u>	Total plan liabilities	7a 7b	01220	_			470200
	Net plan assets (subtract line 7b from line 7a)	76 7c	51228	2			473288
8	,	70					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)	1306	8			
	(2) Participants	8a(2)	3365	2			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	5701	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					103733
d	Benefits paid (including direct rollovers and insurance premiums	8d	14073	Ω			
е	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		0			
<del>-</del>	,		199				
	Administrative service providers (salaries, fees, commissions)	8f	100				
<u>g</u>	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g					142727
-:-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-38994
÷	Net income (loss) (subtract line 8h from line 8c)	. 8i					-30994
	, , , , , ,	8j					
	rt IV Plan Characteristics	footure ee	dea from the List of Dian Char	antorio	atio Co	doo in	the instructions:
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	reature co	des nom the List of Flan Char	actens	suc Co	ues III	the instructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Dor	Part V Compliance Questions						
					Yes	No	A
10	During the plan year:	tione within	n the time period described in	l	162	NO	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
	,				X		
<u>C</u>				10c			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service, or other organization that provides some or all instructions.)			10e	X		5212
f				10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h		•			Χ		
	2520.101-3.)			10h			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i	X		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required contribution for this plan year	, -	,			12b	

Page	3 -		1
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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?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

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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).

2013

OMB Nos, 1210-0110 1210-0089

This Form is Open to Public Inspection

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

Pa	art I	<b>Annual Report</b>	Identification Inform	ation					
For	calenda	ar plan year 2013 or fi	scal plan year beginning	01/01/2013		and ending	12/31/	2013	
Α.	This ret	urn/report is for:	a single-employer plar	n 🗌 ar	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
В	This ret	urn/report is:	the first return/report	_ the	e final return/report				
			an amended return/re	oort 🗌 a s	hort plan year return	/report (less than 12 m	onths)	ĺ	
C	Check b	oox if filing under:	X Form 5558	au	tomatic extension			DFVC progra	im
		-	special extension (ent	er description)				_	
Pa	art II	Basic Plan Info	rmation—enter all reque	sted informatio	n				
****	Name	7. 2. 2. E.					1b	Three-digit	Western III and I was
Hear	ing & Ba	alance Lab, PC 401(k	) Profit Sharing Plan					plan number (PN) ▶	001
							1c	Effective date o	•
2a	Plan sp	oonsor's name and ad	dress; include room or suite	e number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi	S (0)
Hear	ing & Ba	alance Lab, P.C.						(EIN) 91-182	
1590	6 Mill C	reek Blvd., Suite 102					2c	Sponsor's telep (425) 22	
		VA 98012					2d	Business code 621510	5
			nd address XSame as Pla	n Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3с	Administrator's	telephone number
4			e plan sponsor has change mber from the last return/re		return/report filed fo	r this plan, enter the	4b	EIN	AVWW W 201
а		or's name					4c	PN	
5a	Total r	number of participants	at the beginning of the pla	n year			5a		7
b	Total r	number of participants	at the end of the plan year				5b		6
С		and to more than the factor of the second	account balances as of the	Company of the Compan	FLACTOR CANDO AND	ACCIDENTAL CONTRIBUTION OF PROPERTY AND	5c		5
6a			s during the plan year inves						X Yes No
b	Are yo	u claiming a waiver of	f the annual examination ar	nd report of an i	ndependent qualifie	d public accountant (IC	(PA)		
			? (See instructions on waiv						X Yes No
	*		ither line 6a or line 6b, the	** = 2 = 5C					1 2000 0 0 0
С	If the p	lan is a defined benef	fit plan, is it covered under	the PBGC insur	ance program (see	ERISA section 4021)?		Yes No	Not determined
Cau	ıtion: A	penalty for the late	or incomplete filing of thi	s return/report	will be assessed i	unless reasonable car	use is	established.	
SB	or Sche	dule MB completed a	her penalties set forth in the nd signed by an enrolled ac	e instructions, I ctuary, as well a	declare that I have on the street that I hav	examined this return/re sion of this return/repor	port, ir t, and	ncluding, if applic to the best of my	able, a Schedule knowledge and
beli	ef, it is t	rue, correct, and com	plete		(D)				
SIG	125	h frokad	Mel		\$-05-14	Michael S. Mallahan			
HEF	RE	Signature of plan a	dministrator		Date	Enter name of individ	lual sig	ning as plan adr	ninistrator
SIG	N								
HEF	RE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	lual sid	ning as employe	r or plan sponsor
Pre	parer's		name, if applicable) and add	dress; include r	oom or suite numbe				number (optional)

Pai	t III Financial Information						
7	Plan Assets and Liabilities	112 13	(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	51228	2			473288
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	51228	2			473288
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	8a(1)	1306	8			
-	(1) Employers	8a(2)	3365				
	(2) Participants	8a(3)		0	+		
- h	(3) Others (including rollovers)	8b	5701	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			100		103733
	Benefits paid (including direct rollovers and insurance premiums	00		-		Tak.	100700
	to provide benefits)	8d	14073	0			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f_	Administrative service providers (salaries, fees, commissions)	8f	199	7			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					142727
<u>_</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-38994
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe	atura and	on from the List of Dian Chara	otoriot	io Coo	lon in t	ho instructions:
ь	In the plan provides werrare benefits, effici the applicable werrare is	sature cour	es nom the List of Flan Chara	ctenst	IC C00	ies in t	rie instructions.
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	A William Control of	[1] The Control of th	10b		х	
С	Was the plan covered by a fidelity bond?			10c	X		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		35 S#1	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	s by an insurance carrier,				
	insurance service, or other organization that provides some or all		1.5	100	х		5010
	instructions.)			10e	-	V	5212
	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	THE STATE OF THE STATE OF THE		10g		Х	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	Х		
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	Х		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)				
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month  Day  Year						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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Page	J	-	- 3

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?		es X No	)
	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 of the PBGC?	control		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):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		<del>}</del>	
14a	Name of trust	14b Ti	ust's EIN	