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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information	1							
For calend		iscal plan year beginning 01/01/2		and ending 1	2/31/2015					
A This ref	turn/report is for:	a single-employer plan a one-participant plan			oloyer) (Filers checking this box must attach a on in accordance with the form instructions)					
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)					
•					_					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	rogram				
		special extension (enter desc	' '							
Part II		ormation—enter all requested in	formation		T 41					
1a Name	•	401(K) PROFIT SHARING PLAN			1b Three-digit plan number					
HEARING 0	X BALANCE LAB, PC	401(K) PROFIT SHAKING PLAN			(PN)	001				
					1c Effective date	e of plan 1/01/2003				
Mailing	g address (include roo	oyer, if for a single-employer plan) ym, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		tructions)		entification Number 1-1825105				
	BALANCE LAB, P.C.	tructions)	2c Sponsor's te	lephone number 5-225-2626						
15006 MILL	CREEK BLVD, SUITE		2d Business code (see instructions)							
MILL CREEK	K, WA 98012		621510							
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrator	's EIN				
					3c Administrator	's telephone number				
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Total	number of participants	s at the beginning of the plan year.			5a	8				
b Total	number of participants	s at the end of the plan year			5b	7				
		account balances as of the end of	, ,	•	5c	6				
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	6				
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ear		5d(2)	7				
than	100% vested	terminated employment during the			5e	0				
		or incomplete filing of this retur								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.								
SIGN	Filed with authorized	/valid electronic signature.	10/17/2016	MICHAEL S. MALLAH	HAN					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan a	administrator				
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	vidual signing as employer or plan sponsor							
Preparer's	name (including firm r	name, if applicable) and address (in	nclude room or suite numb	per)	Preparer's telepho	ne number				

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b /	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 f you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .	📙	Yes	No	<u></u>	Not dete	ermined
Par	III Financial Information	1	<u> </u>								
<u>7</u> F	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) E	nd of	Year	
	Total plan assets	. 7a		534	0884					538	8071
	Fotal plan liabilities	7b		50.4	1000					500	1074
	Net plan assets (subtract line 7b from line 7a)	7c			0884						8071
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				<u>(k</u>) Tot	al	
	1) Employers	. 8a(1)		21	979						
(2) Participants	8a(2)		57	'058						
(3) Others (including rollovers)	8a(3)			0						
b (Other income (loss)	8b		-7	787						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								71	250
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d		67	752						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
	Administrative service providers (salaries, fees, commissions)	8f			307						
g (Other expenses	8g									
h 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								68	8059
_ i _ 1	Net income (loss) (subtract line 8h from line 8c)	8i								3	3191
j	Fransfers to (from) the plan (see instructions)	8j									
Part	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the ins	truction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare fr	eature coo	les from the List of Pla	n Char	acterist	ic Cod	les in th	e instr	uction	ns:	
	in the plant provided we have beliefled, either the applicable we have t	catare coc	ies from the Elst of Fra	ii Onait	20101101	10 000	100 111 111	io irioti	uotioi	10.	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		-	Amoun	t
а	Was there a failure to transmit to the plan any participant contributed 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.)			10b		X					
с	Was the plan covered by a fidelity bond?			10c	X						40000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e							
				10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X					
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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?	_ _ _		10j							
Part	VI Pension Funding Compliance			•	•	•					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this 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		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian					telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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

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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ections to the Form 55	00-SF.	•				
Part I	Annual Report	Identification Information	•							
For calend	lar plan year 2015 or fi	scal plan year beginning 01/01/2015		and ending 12/3	1/2015					
Δ This ro	turn/report is for:	X a single-employer plan				king this box must attach a th the form instructions)				
A HIISTO	tunineport is tor.	a one-participant plan	a foreign plan	,		,				
B This ret	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return	Ironart Ilosa than 12 mi	onthe\					
C Charle	box if filing under:			vieport (less than 12 hit						
C Check	box it ming under.	X Form 5558 [special extension (enter descrip	automatic extension tion)		Пп	FVC program				
Dout II	Decis Dien Infe									
Part II	· · · · · · · · · · · · · · · · · · ·	ormation—enter all requested infor	เกลแบก		1b Three	dialt				
1a Name Hearing & E	of plan Balance Lab, PC 401(k) Profit Sharing Plan				number 001				
					1c Effect	ive date of plan				
						/2003				
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. I	Вох)		•	oyer Identification Number 91-1825105				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Hearing & Balance Lab, P.C.						sor's telephone number (425) 225-2626				
						ess code (see instructions)				
	Creek Blvd, Suite 102				62151	U				
Mill Creek, \										
3a Plana	administrator's name a	nd address ⊠Same as Plan Sponsoi	r.		3b Admir	nistrator's EIN				
					20 44	i-tt/- talanhana numbar				
					JC Admiii	nistrator's telephone number				
4 If the	name and/or EIN of th	e plan sponsor has changed since th	e last return/report filed fo	r this plan enter the	4b EIN					
		mber from the last return/report.	e last returniteport med re	t the party offer the						
a Spons	sor's name				4c PN					
5a Total	number of participants	s at the beginning of the plan year			5a	8				
		s at the end of the plan year			5b	7				
	• • •	account balances as of the end of th			5c	6				
d(1) To	tal number of active pa	articipants at the beginning of the plar	ı year		5d(1)	6				
		articipants at the end of the plan year			5d(2)	7				
than	100% vested	t terminated employment during the p	**************		5e	0				
Caution:	A penalty for the late	or incomplete filing of this return/i	report will be assessed	unless reasonable cau	ıse is estab	lished.				
SB or Sch	nalties of perjury and o nedule MB completed a true, correct, and com	ther penalties set forth in the instructi and signed by an enrolled actuary, as	ons, I declare that I have well as the electronic ver	examined this return/report	port, includin t, and to the	ig, if applicable, a Schedule best of my knowledge and				
SIGN	V lech	and to the		Michael S. Mallahan						
HERE	Signature of plan	7 00	Date /0 - 17/6	Enter name of individ	ual sionino a	as plan administrator				
SIGN	When	La Imfal		4 1	mallo	the_				
HERE	Signature of empl	oyer/plan sponsor	Date 10-17-16	Enter name of individ	ual signing a	as employer or plan sponsor				
Preparer's	s name (including firm	name, if applicable) and address (inc				telephone number				
		ÿ								
						Georgia de la composición della composición dell				

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an indepe and condi ot use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccount	ant (IC	PA) Form	5500.		X Yes	☐ No
С .	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes	No [Not deterr	nined
Pai	rt III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginning	of Ye	аг			(b) End	i of Year	
а	Total plan assets	. 7a		53488	30				538071	
b	Total plan liabilities	. 7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		53488	30		538071			
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoı	ınt				(b)	Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)		2197	'9					
	(2) Participants	8a(2)		5705	58					
	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b	***************************************	-778						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	ang ayah birm, ram, asa aya a	The fit of	: 1 1				71250	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	67752				· · · · ·			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f_	Administrative service providers (salaries, fees, commissions)	8f		30	7				1.00	
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1947					68059	l
i	Net income (loss) (subtract line 8h from line 8c)	8i							3191	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a B	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f									
Pari	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			X			Allount	
	Program)			10a			104 A 104 104 Met			
D	reported on line 10a.)			10b		Х				
С				10c	Х					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.).	ner persor ne or all of	s by an insurance the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	NV STEE			
					 	X	10,2 Au			
<u>g</u>				10g	<u> </u>		143,50	3.55555	ngag at minagramaga	<u> </u>
	2520.101-3.)			10h	<u> </u>	Х				
i 	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
j	Did the plan trust incur unrelated business taxable income?		•	10j						
Part	VI Pension Funding Compliance		·							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. Yes	No.
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA?	Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
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							
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		_Day _		1 641			
b	Enter the minimum required contribution for this plan year		12b					
	Enter the amount contributed by the employer to the plan for this plan year		12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	n n		Yes	No 📗	N/A		
Part	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	⊠ 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 brough of the PBGC?		ntrol		Yes 🛛 I	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to		·····				
1	3c(1) Name of plan(s):	13c(2) i	EIN(s)		13c(3) P	N(s)		
Part	VIII Trust Information							
14a I	lame of trust		14b Trust's EIN					
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number						
Pari	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	3	No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- sed safe irbor ethod	ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?	1(m)-	Yes	3	No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio rcentage st		rage efit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		Yes	3	No			
17a	Has the plan been timely amended for all required tax law changes?		Yes	3	No	N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the a				structions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n		t to a fa	vorable IR	(S opinion o	Οľ		
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enti- determination letter		the plar	ı's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) Imade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is		Yes	i	No			
19	Were in-service distributions made during the plan year?		Ye	S	No			
	if "Yes," enter amount		19					
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who		Yes			∏ N/A		