Form 5500-SF		Short Form Annual I	Return/Report Benefit Plan	of Small Empl	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be filed une		065 of the Employee R						
Employee Be	partment of Labor enefits Security Administration		1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection							
	nefit Guaranty Corporation	Complete all entries in acco	rdance with the instr	uctions to the Form 5	500-SF.					
For calenda	Annual Report Ic Ar plan year 2016 or fisca	dentification Information al plan year beginning 01/01/2016		and ending 12	2/31/2016					
			a multiple-employer pla	an (not multiemployer) (		kina this box	must attach a			
A This ret	urn/report is for:		-	instructions.)						
<b>B</b> This retu	ırn/report is		he final return/report a short plan year returr	n/report (less than 12 m	onths)					
C Check b	box if filing under:		automatic extension		DFVC p	rogram				
Dant II	Decis Plan Inform	special extension (enter description	,							
Part II		mation—enter all requested information	ation		16 Thus	a alianit				
<b>1a</b> Name HEARING &		(K) PROFIT SHARING PLAN			<b>1b</b> Threp plan (PN)	001				
					1c Effect	tive date of 01/01/				
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. Bo country, and ZIP or foreign postal co		uctions)	2b Empl (EIN)		cation Number 25105			
City or town, state or province, country, and ZIP or foreign pos HEARING & BALANCE LAB, P.C.			de (il loreign, see insti	uctions)	2c Spor	nsor's teleph 425-225-	one number 2626			
15906 MILL CREEK BLVD, SUITE 102 MILL CREEK, WA 98012					2d Business code (see instructions) 621510					
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor.			<b>3b</b> Admi	nistrator's E	IN			
						<b>3c</b> Administrator's telephone number				
name,	EIN, and the plan numb	blan sponsor has changed since the labor from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN					
a Sponso					4C PN					
-		t the beginning of the plan year			5a		7			
		t the end of the plan year			5b		7			
compl	ete this item)	count balances as of the end of the p			5c		6			
<b>d(1)</b> Tota	al number of active partion	cipants at the beginning of the plan ye	ear		5d(1)					
e Numb	er of participants that te	cipants at the end of the plan year rminated employment during the plan	year with accrued bei	nefits that were less	5d(2) 5e		6			
		incomplete filing of this return/rep			use is estal	blished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/re	port, includi	ng, if applica				
SIGN	Filed with authorized/va	lid electronic signature.	05/25/2017	MICHAEL MALLAHAN	1					
HERE Signature of plan add		ninistrator	Date	Enter name of individ	ual signing	as plan adm	inistrator			
SIGN HERE										
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (includ	Date e room or suite numbe	Enter name of individ er )		as employer s telephone i				

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

Net income (loss) (subtract line 8h from line 8c)......

Part IV Plan Characteristics

i.

j

9a

b

44824

66285

6a										
b	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 cann	ot use Fo	orm 5500-SF and must instead u	se 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 O Not determined									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	538071	604356						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	538071	604356						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	24638							
	(2) Participants	8a(2)	54088							
	(3) Others (including rollovers)	8a(3)	0							
b		8b	32383							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		111109						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	44601							
е	Certain deemed and/or corrective distributions (see instructions).	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	223							
a	Other expenses	8a								

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	t V Compliance Questions					
10	During the plan year:		Yes	No	N/A	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		
C	Was the plan covered by a fidelity bond?	10c	Х			500000
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		х		
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-		
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		_ Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)	s) <b>13c(3)</b> PN(s)			
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

Form 5500-SF Short Form Annual Return/Report of Small En Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury al Revenue Service	This form is required to be file		4065 of the Employee R	etirement	2016			
Employee Be	partment of Labor nefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Form is Open to Public Inspection			
	nefit Guaranty Corporation	Complete all entries in		ructions to the Form 5	500-SF.				
For calenda		Identification Information scal plan year beginning 01/01/207		and ending 12/3	21/2016				
	a plan year 2010 01 h	X a single-employer plan				ing this box must attach a			
A This retu	urn/report is for:	a one-participant plan				ith the form instructions.)			
<b>B</b> This retu	rn/report is	the first return/report	the final return/report	n/report (less than 12 m	onths)				
C Check b	ox if filing under:	Form 5558							
		special extension (enter descr	ription)						
Part II	<b>Basic Plan Info</b>	rmation-enter all requested in	formation		-				
<b>1a</b> Name of Hearing & Ba	of plan Ilance Lab, PC 401(k)	) Profit Sharing Plan			(PN)	number ▶ 001			
						ive date of plan //2003			
Mailing	address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Emplo	over Identification Number 91-1825105			
	lance Lab, P.C.	e, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)	2c Spon	ponsor's telephone number (425) 225-2626			
					2d Business code (see instructions)				
15906 Mill Cro	eek Blvd, Suite 102				62151	0			
Mill Creek, W	A 98012								
		nd address 🛛 Same  as Plan Spor				nistrator's EIN nistrator's telephone number			
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN				
name, <b>a</b> Sponso		mber from the last return/report.			4c PN				
5a Total n	umber of participants	at the beginning of the plan year			5a	7			
<b>b</b> Total n	umber of participants	at the end of the plan year			5b	7			
c Numbe	or of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	6			
<b>d(1)</b> Tota	l number of active pa	rticipants at the beginning of the pl	an year		5d(1)	7			
<b>d(2)</b> Tota	I number of active pa	rticipants at the end of the plan yea	ar		5d(2)	6			
		terminated employment during the			5e				
Caution: A Under penal SB or Sched	penalty for the late	or incomplete filing of this return her penalties set forth in the instruc nd signed by ap enrølled actuary, a	n/report will be assessed ctions, I declare that I have	unless reasonable cau examined this return/re	port, includir	ig, if applicable, a Schedule			
SIGN	Nucha	11/ 12/11	05-25-12	Michael Mallahan					
HERE Signature of plan administrator Date Enter name of indivi				ual signing a	e nlan administrator				
SIGN HERE	<b>,</b>				uai signing a				
HEKE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor   Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number									
Ear Day and		e, see the Instructions for Form 5500							
- rui raderwo	an neuliction Act Notic	e, see the matrictions for Form 550l	ror.			Form 5500-SF (2016)			

For Paperwork Reduction Act Notice, see the Instructions for Form 5: 2017-05-17T12:49:59.023-06:00

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes 🗌 No
	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No 🗌	Not determined
Pa	rt III Financial Information						-		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	 Year
а	Total plan assets	7a		5380	71				604356
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		5380	71				604356
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Tota	al
а	Contributions received or receivable from: (1) Employers	8a(1)		2463	38				
	(2) Participants	8a(2)		540	38	en e	1997) 1997) 1997) 1997) 1997)		
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		3238	33				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							111109
d	Benefits paid (including direct rollovers and insurance premiums	8d		4460	)1		lie di faiture Lie de la compositione		
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f		22		ud Table 위한한테일	1999년 (1999년)		
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						ora (este este da servica e	44824
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				66285			66285
j	Transfers to (from) the plan (see instructions)	81			14.44				
Pa	rt IV Plan Characteristics				ł				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	tions:
	2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in t	he instructi	ons:
Par	t V Compliance Questions		· · ·						
10	During the plan year:				Yes	No	N/A		Amount
a	1 31 1								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest			Iva					
	reported on line 10a.)	•		10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	10 B (47 B (47 B)) 		
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		x			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	ənd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
i		he require	d notice or one of the	10i					

Form 5500-SF 2016

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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 co (Form 5500) and line 11a below)	omple	te Sch	edule S	В		Yes 🗙 No
<u>11a</u>	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 Co ERISA?					🗆	Yes 🛛 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 instr	ructio	ne and	l ontor t	ha data	of the le	ttor ruling
	granting the waiver	onth_	13, and	Day		Yea	-
_	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		I				·
<u>b</u>	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	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			
<u>e</u>	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?				Yes	3 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 brough control of the PBGC?	ht und	er the			Yes	X 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.)			to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	:(3) PN(s)		
Part							
14a	Name of trust			14b T	'rust's E	EIN	
14c	Name of trustee or custodian					s or cust ne numb	
Parl	IX IRS Compliance Questions		I				
15a	Is the plan a 401(k) plan? If "No," skip b		Yes		[	] No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		safe h		L	Prior test	year" ADP
			"Curre	nt year" est		N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	ntage		verage enefit tes	t 🗌 N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			] No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en- letter	ter the	e date o	of the m	ost rece	ent deter	mination
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?		from	C Yes	; [	] No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	• [	] No	