Form	5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Employee OMB Nos. 1210-					
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee F						2018			
	ment of Labor ts Security Administration	7(b) and 6058(a) of the ).	he Internal This Form is Ope						
Pension Benefit	t Guaranty Corporation	uctions to the Form 55	Public Inspection 5500-SF.						
		dentification Information							
For calendar plan year 2018 or fiscal plan year beginning     01/01/2018     and ending     12/31/2018									
A This return/report is for:									
<b>B</b> This return/	roport io	a one-participant plan							
	report is								
	l	an amended return/report a short plan year return/report (less than 12 months)							
C Check box	if filing under:	× Form 5558		DFVC p	rogram				
		special extension (enter descrip	otion)						
Part II B	Basic Plan Infor	mation—enter all requested info	ormation						
1a Name of p					1b Thre	e-digit number			
SOUND SURGI	CAL, INC. 401(K) DI	EFINED CONTRIBUTION PLAN			(PN)				
					1c Effect	tive date of plan 01/01/2015			
2a Plan spon	sor's name (employe	er, if for a single-employer plan)			2b Empl	oyer Identification Number			
		, apt., suite no. and street, or P.O. country, and ZIP or foreign posta		uctions)	(EIN) 92-0197758				
SOUND SURGI	•	· · · · · · · · · · · · · · · · · · ·			<b>2c</b> Sponsor's telephone number 206-328-7947				
					2d Business code (see instructions)				
2501 NORTH NO SEATTLE, WA 9	ORTHLAKE AVENU 98103	E #200			423990				
<b>3a</b> Plan admi	nistrator's name and	address 🛛 Same as Plan Spons	sor.		<b>3b</b> Administrator's EIN				
					3c Admi	Administrator's telephone number			
4 If the nam	ne and/or EIN of the p	plan sponsor or the plan name has	s changed since the last re	eturn/report filed for	4b EIN				
this plan, <b>a</b> Sponsor's		sor's name, EIN, the plan name ar	nd the plan number from th	ne last return/report.	<b>4d</b> PN				
C Plan Nam									
<b>-</b>					F-				
		t the beginning of the plan year			5a 5b	12			
		t the end of the plan year ccount balances as of the end of th			50 50	5			
•	,			ľ	5d(1)	10			
		cipants at the beginning of the pla icipants at the end of the plan yea			5d(1)	2			
e Number	of participants who te	nefits that were less	5e	0					
than 100	% vested	r incomplete filing of this return	report will be assessed	unless reasonable ca					
Under penaltie	es of perjury and othe	er penalties set forth in the instruct	ions, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule			
	e MB completed and , correct, and completed	signed by an enrolled actuary, as etc.	s well as the electronic ver	sion of this return/report	t, and to the	e best of my knowledge and			
	ed with authorized/v	alid electronic signature.	09/17/2019	CRAIG HAMPSON	AIG HAMPSON				
HERE	ignature of plan ad	ministrator	Date	Enter name of individu	dual signing as plan administrator				
SIGN									
HERE	ignature of employ	er/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan sponsor				

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
c	$c$ If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes $\Box$ No $\Box$ Not determined								
•									
Pa	Part III Financial Information								
7	Plan Assets and Liabilities (a) Beginning of Year (b) End (c)								
а									
b	Total plan liabilities	7b	6	62009			5942		
C	Net plan assets (subtract line 7b from line 7a)	7c	45	52794				343809	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b)	Total	
а	Contributions received or receivable from:	0-(4)							
	(1) Employers	8a(1)		5613	-				
	(2) Participants	8a(2)	4	5015	-				
	(3) Others (including rollovers)	8a(3)		25477	-				
<u>b</u>	Other income (loss)	8b	-2	23477	_			20126	
d	C         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         20136           d         Densitive solid (inclusion disect collocate and inclusion and								
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	12	23056						
е	to provide benefits)								
f	Administrative service providers (salaries, fees, commissions)	8f		6065					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						129121	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-108985	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2F 2G 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	acterist	ic Cod	es in the inst	ructions:	
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)	-	-	10a		х			
b	Were there any nonexempt transactions with any party-in-interest			104		~			
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		х			
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.)	ie or all of	the benefits under	10e		х			

Х

Х

Х

10f

10g

10h

10i

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.<u>)</u>\_\_\_\_\_

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 .....

Page **3-** 1

Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			<b>Y</b>	es	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 Code or se SA?			of			Y	es 🗡	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver			rth ay			letter ear	ruling	g 
lf	you o	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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		Nc	)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the			[	Ye	÷s 🗙	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

Dena	rm 5500-SF	Short Form Annu	e or oman Emp									
Inter	mal Revenue Service	4065 of the Employee		2018								
	epartment of Labor lenefits Security Administration	Income Security Act of 1974	This Form is O Public Inspec									
Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form									
Part I		Identification Information	n									
or calend	lar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending		1/2018						
This re	turn/report is for:	X a single-employer plan	list of participating e			ng this box must attach a th the form instructions.)						
This ret	turn/report is	a one-participant plan	a foreign plan									
1110 101		the first return/report										
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)							
Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram						
		special extension (enter desc										
Part II	Basic Plan Info	rmation-enter all requested in	nformation		-							
a Name Sour		nc. 401(k) Defined C	Contribution Play	ı	1b Three- plan nu (PN)	umber						
					1c Effectiv	ve date of plan 1/2015						
Mailin	ng address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	O. Box)	,		er Identification Number 2-0197758						
	or town, state or province nd Surgical, I	e, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	206-3	or's telephone number 328-7947						
Sour	nd Surgical, I 1 North Northl	e, country, and ZIP or foreign posi inc - ake Avenue #200		ructions)	206-3							
Sour 250 Seat	nd Surgical, I 1 North Northl ttle	e, country, and ZIP or foreign post nc. ake Avenue #200 WA 9810	03	ructions)	206-3 2d Busines 42399	328-7947 is code (see instructions) 00						
Sour 250 Seat	nd Surgical, I 1 North Northl ttle	e, country, and ZIP or foreign posi inc - ake Avenue #200	03	ructions)	206-3 2d Busines	328-7947 is code (see instructions) 00						
Sour 250 Seat	nd Surgical, I 1 North Northl ttle	e, country, and ZIP or foreign post nc. ake Avenue #200 WA 9810	03	ructions)	206-3 2d Busines 42399 3b Adminis	328-7947 is code (see instructions) 00 trator's EIN						
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Sour 250 Seat Seat Sa Plan a If the this p a Spon C Plan C Plan Sa Total b Total C Num comp d(1) To d(2) To e Num comp d(1) To e Num comp d(1) To s Sor Sa Total D Total C Num comp d(1) To Sa Sor Sch	nd Surgical, I 1 North Northl ttle administrator's name and administrator's name and admini	e, country, and ZIP or foreign post InC - ake Avenue #200 WA 9810 ad address Same as Plan Spor e plan sponsor or the plan name has nor's name, EIN, the plan name a at the beginning of the plan year at the end of the plan year ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the princomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a stete.	0 3 nsor. as changed since the last reand the plan number from the plan number from the plan number from the plan year (only defined an year	eturn/report filed for ne last return/report. contribution plans nefits that were less <u>unless reasonable cau</u> examined this return/rep	206-3 2d Busines 42399 3b Adminis 3c Adminis 3c Adminis 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ise is establis port, including, , and to the bea	328-7947 is code (see instructions) 00 trator's EIN trator's telephone number 12 12 12 12 12 12 12 12 12 12						

v.171027

6a	Were all of the 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.)								
	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 the PBGC premium filing for this plan year (See instructions.)								
Pa	rt III Financial Information								
7	Dies Assets and Lishilities								

<b>7</b> F	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Yea	ır
a	Fotal plan assets	7a		514,	803			349,751
b 1	Fotal plan liabilities	7b		62,	009		5,942	
<b>C</b> 1	Net plan assets (subtract line 7b from line 7a)	7c		452,	794			343,809
<b>8</b> I	ncome, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
-	Contributions received or receivable from: 1) Employers	8a(1)						
	2) Participants	8a(2)		45,	613			
	3) Others (including rollovers)	8a(3)						
-	Other income (loss)	8b		-25,	477			
<b>c</b> 1	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20,136
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		123,	056			
<b>e</b> (	Certain deemed and/or corrective distributions (see instructions)	8e						
f A	Administrative service providers (salaries, fees, commissions)	8f		б,	065			
g(	Other expenses	8g						
<b>h</b> 1	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						129,121
i I	Net income (loss) (subtract line 8h from line 8c)	8i						-108,985
j ٦	Fransfers to (from) the plan (see instructions)	8j						
Part	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2J$ $2F$ $2G$ $3D$	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in the instruction	S:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	les in the instructions	:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amour	nt
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e	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.).					x		
f	Has the plan failed to provide any benefit when due under the plan?					Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
h	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				