## **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

2018

This Form is Open to Public Inspection

Parti	Annual Report	i identification information							
For calend	dar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 07/25/2019								
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
D. T. C.	,	a one-participant plan	a foreign plan						
<b>B</b> This reti	urn/report is	the first return/report	x the final return/report						
		an amended return/report	X a short plan year retu	rn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC prograi	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	<b>ormation</b> —enter all requested ir	formation						
1a Name	of plan				1b Three-digit	t			
SOUND SUI	RGICAL, INC. CASH	BALANCE PLAN			plan numb				
					(PN) ▶	001			
					1c Effective date of plan				
					01/01/2015				
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			2b Employer Identification Number				
Mailing	g address (include roo	om, apt., suite no. and street, or P.0			(EIN) 92-0197758				
-		ce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's telephone number				
SOUND SUF	RGICAL, INC.				206-328-7947				
					2d Business code (see instructions)				
2501 NORTH	H NORTHLAKE AVEN	NUE #200			Zu Dusilless C	,			
SEATTLE, V		NOL #200				423990			
3a Plan a	administrator's name a	and address X Same, as Plan Sno	insor		<b>3b</b> Administra	tor's FIN			
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.					Administrator 3 Env				
					<b>3c</b> Administrator's telephone number				
Administrator's telephor									
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for				4b EIN					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					44 50				
<b>a</b> Sponsor's name									
C Plan N	Name								
5a Total number of participants at the beginning of the plan year					5a	13			
b Total number of participants at the end of the plan year					5b	0			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans									
				-	5c				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	2				
d(2) Total number of active participants at the end of the plan year				5d(2)	0				
e Number of participants who terminated employment during the plan year with accrued benefits that were less			5e	0					
		or incomplete filing of this retur				. al			
		ther penalties set forth in the instru							
SB or Sche	edule MB completed a	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report,	and to the best	of my knowledge and			
	true, correct, and com			· · ·					
	I .		i i	1					
SIGN	Filed with authorized	d/valid electronic signature.	09/17/2019	CRAIG HAMPSON					
SIGN HERE					ıal signing as pla	ın administrator			
HERE	Signature of plan		09/17/2019  Date	CRAIG HAMPSON  Enter name of individu	al signing as pla	n administrator			
	Signature of plan			Enter name of individu	<u> </u>	n administrator			

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Part III         Financial Information           7         Plan Assets and Liabilities         (a) Beginning of Year         (b) E           a         Total plan assets         7a         974758           b         Total plan liabilities         7b         7c         974758           c         Net plan assets (subtract line 7b from line 7a)         7c         974758           8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (li           a         Contributions received or receivable from:							
7 Plan Assets and Liabilities	No Not determined 20786. (See instructions.)						
Total plan assets							
b Total plan liabilities	) End of Year						
C Net plan assets (subtract line 7b from line 7a)	0						
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers							
a Contributions received or receivable from: (1) Employers	0						
(1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       4431         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       978994         e Certain deemed and/or corrective distributions (see instructions)       8e       978994         f Administrative service providers (salaries, fees, commissions)       8f       195         g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i Net income (loss) (subtract line 8h from line 8c)       8i         j Transfers to (from) the plan (see instructions)       8j	(b) Total						
(3) Others (including rollovers)							
b Other income (loss)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
to provide benefits)	4431						
f Administrative service providers (salaries, fees, commissions)							
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
i Net income (loss) (subtract line 8h from line 8c)							
j Transfers to (from) the plan (see instructions)	979189						
	-974758						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 1B 1C 1I 1H 3D	ne instructions:						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in	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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
C Was the plan covered by a fidelity bond?	100000						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)							
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 2520.101-3.)							
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							

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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 complete Sc (Form 5500) and line 11a below)		В	Yes 🛚 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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	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?		X Yes	S 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 control of the PBGC?	e 		X Yes No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( which assets or liabilities were transferred. (See instructions.)	s) to						
1	<b>3c(1)</b> Name of plan(s): 13c(	2) EIN(s)		<b>13c(3)</b> PN(s)				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete.

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

SIGN

## 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).

0040

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Com	plete all entries in	accordance with the instructions	to the Form 5500	-SF.			
Part I Annual Report Identificat	ion Information						
or calendar plan year 2018 or fiscal plan year	01/01/2019 ar	nd ending	ng 07/25/2019				
This return/report is for:	employer plan rticipant plan	a multiple-employer plan (not m list of participating employer in a foreign plan		_			
This return/report is	eturn/report	X the final return/report					
the first return/report  ighthat							
Check box if filing under:	58 · · · · · · · · · · · · · · · · · · ·	automatic extension		DFVC program			
special ex	xtension (enter desc	cription)					
Part II Basic Plan Information—	enter all requested in	nformation					
a Name of plan Sound Surgical, Inc. Cash				b Three-digit plan numbe (PN) ▶	001		
					1c Effective date of plan 01/01/2015		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sound Surgical, Inc.			21	2b Employer Identification Number (EIN) 92-0197758			
			20	2c Sponsor's telephone number 206-328-7947			
2501 North Northlake Aver			20	Business cod	de (see instructions)		
Seattle WA	981	a. die de	11 1412091	423990			
3a Plan administrator's name and address	Same as Plan Spo	onsor. State Banchey with displace	ter array Aug 31	O Administrato	r's EIN		
	AMARITA LANCO		30	C Administrator	r's telephone number		
The Springer of the Inc.			the street a second				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.			ort filed for 4	4b EIN			
a Sponsor's name				4d PN			
C Plan Name							
5a Total number of participants at the beginn	ning of the plan year			5a	13		
<b>b</b> Total number of participants at the end of				5b	0		
C Number of participants with account balar complete this item)				5c	ř.		
d(1) Total number of active participants at the				d(1)	2		
d(2) Total number of active participants at the				d(2)	0		
Number of participants who terminated e than 100% vested	mployment during th	ne plan year with accrued benefits tha	t were less	5e	0		
Caution: A penalty for the late or incomplet	te filing of this retu	rn/report will be assessed unless r	easonable cause		dicable a Cabadala		
Under penalties of perjury and other penalties	set forth in the instri	uctions, i deciare that i have examine	u uns return/report	, including, it app	Jilicable, a ochequie		

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

Date

Date

Craig Hampson

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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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	an indepei	ndent qualified public a	ccount	ant (IC	PA)		X Yes	☐ No
С	If you answered "No" to either line 6a or line 6b, the plan cann if the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	not use Fo	rm 5500-SF and mus rogram (see ERISA se	t instea ection 4	ad use 021)?	Form	<b>5500.</b> Yes No	Not dete	
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
a	Total plan assets	7a		974,	758				C
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		974,	758				(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	otal	
	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)			_				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		4,	431				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4,431
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		978,994					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			195				
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							79,189
	Net income (loss) (subtract line 8h from line 8c)	8i						<u>-9</u> ·	74,758
	Transfers to (from) the plan (see instructions)								
Par									
9a	If the plan provides pension benefits, enter the applicable pension $1 \mbox{B}  1\mbox{C}  1\mbox{H}  3\mbox{D}$	feature co	des from the List of Pi	an Cha	racteri	stic Co	in the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in the instru	ctions:	
Part	V Compliance Questions								
10	During the plan year:		1		Yes	No	А	mount	
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			10	00,000
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					
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					