_	rm 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Emp Benefit Plan							
Inter	epartment of Labor		d under sections 104 and	l 4065 of the Employee Retirem 057(b) and 6058(a) of the Intern	al					
Employee B	Benefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Cod	de).	This Form is Open to Public Inspection					
Part I		Complete all entries in a dentification	eccordance with the ins	tructions to the Form 5500-SF						
	ar plan year 2017 or fise		017	and ending 12/31/20)17					
A This re	turn/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (Filers employer information in accorda	•					
B This ret	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report	t urn/report (less than 12 months)						
C Check	box if filing under:	Form 5558			VC program					
• • • • • • • •		special extension (enter descri	automatic extension		VC program					
Part II	Basic Plan Infor	mation—enter all requested info	. ,							
1a Name				1b	Three-digit					
DOUGLASS	CERTIFIED PROSTH		plan number (PN) ▶ 001							
			Effective date of plan							
22 Dian a	noncorio nomo (omploy	rer, if for a single-employer plan)	26	03/01/2003						
Mailing	g address (include room r town, state or province		Employer Identification Number (EIN) 91-1705254							
		ETICS & ORTHOTICS INC.	a code (il loreign, see ins	2c	2c Sponsor's telephone number 206-363-7790					
				2d	Business code (see instructions)					
10740 MERI SEATLE, W	IDIAN AVE N SUITE G2 A 98133	2			621399					
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spon	isor.	3b	3b Administrator's EIN					
				3c	Administrator's telephone number					
this p	lan, enter the plan spon	plan sponsor or the plan name ha sor's name, EIN, the plan name a		the last return/report.						
a Sponsc Plan N	sor's name Name			4d	PN					
52 Tatal	number of norticinents	at the beginning of the plan war-		53	3					
		at the beginning of the plan year at the end of the plan year		51						
C Numb	per of participants with a	account balances as of the end of t	he plan year (only define	ed contribution plans 50						
•	,	ticipants at the beginning of the pla			1) 2					
d(2) Tot	tal number of active part	ticipants at the end of the plan yea	ar		2) 1					
		terminated employment during the			• 0					
Caution: A	A penalty for the late o	r incomplete filing of this return	/report will be assesse	d unless reasonable cause is						
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.								
SIGN	Filed with authorized/	valid electronic signature.	01/31/2018	KIRK DOUGLASS						
HERE	Signature of plan ad	dministrator	Date	Enter name of individual sig	ning as plan administrator					
	Filed with authorized/	valid electronic signature.	01/31/2018	KIRK DOUGLASS						
HERE For Paperw	Signature of employ	/er/plan sponsor e, see the Instructions for Form 5500	Date -SF	Enter name of individual sig	ning as employer or plan sponsor Form 5500-SF (2017)					
1 0. 1 apolw					v.170203					

6a b c	 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.)											
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
а	Total plan assets	7a	877626	1117991								
b	Total plan liabilities	7b	0	0								
С	Net plan assets (subtract line 7b from line 7a)	7c	877626	1117991								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	Contributions received or receivable from: (1) Employers	8a(1)	5007									
	(2) Participants	8a(2)	26608									
	(3) Others (including rollovers)	8a(3)	0									
b	Other income (loss)	8b	208750									

(2) Participants	8a(2)	20000	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	208750	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		240365
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions).	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		240365
j Transfers to (from) the plan (see instructions)	··· 8j	0	
Part IV Plan Characteristics		· · · · · ·	

Par	t IV	Pla	n Cł	nara	cteri	stics	5	
9a	If the	plan	provid	des pe	ension	bene	fits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2E	2F	2G	2J	2K	2T	3D	

b	If the	plan i	provides	welfare	benefits.	enter t	the app	licable	welfare	feature	codes	from th	ne List	of Plan	Charact	eristic	Codes	in the	instructio	ons:
~		pian	0101000	nonaro		011101	no app	nousio	mano	routaro	00000			01 1 1011	onula	0110110	00000		moundour	5110.

Part	V Compliance Questions				
10	During the plan year:		Yes	No	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		x	
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		30000
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		X	
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		X	
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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	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				
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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

	T		.										
Form 5500-SF	Short Form Annual Re	turn/Report (enefit Plan	of Small Employ	ee	OMB Nos. 1210-011 1210-008								
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104	and 4065 of the Employee	. -	2017								
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement income Security Act of the Internation	Revenue Code (the	Code).		This Form is Open to Public Inspection								
Rartill Annual Report Ic	dentification Information	ance with the instru		-sr.									
For calendar plan year 2017 or fisca		01/01/2017	and ending	12/3	31/2017								
					cking this box must attach								
A This return/report is for: B This return/report is:	Vreport is for: a list of participating employer information in accordance with the form instructions.)												
C Check box if filing under:													
	special extension (enter description))											
Partill Basic Plan Infon	mation enter all requested inform	nation											
1a Name of plan	Prosthetics & Orthotics, I		it Sharing	(PN	n number ↓) ▶ 001								
		<u>.</u>			ective date of plan /01/2003								
2a Plan sponsor's name (employe Mailing Address (include room City or fown, state or province	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box , country, and ZIP or foreign postal coc	K) le (if foreign, see ins	tructions)		ployer Identification Number N) 91-1705254								
	Prosthetics & Orthotics In			2c Sponsor's telephone number (206) 363-7790									
10740 Meridian Ave N	i Suite G2		-	2d Bus	siness code (see instructions) 1399								
US Seatle WA 98133													
3a Plan administrator's name and	l address X Same as Plan Sponsor			3b Administrator's EIN									
			-	3c Administrator's telephone number									
	plan sponsor or the plan name has cha or's name, EIN, the plan name and the			4b ein	l								
a Sponsor's namec Plan Name				4d pn									
5a Total number of participants at	t the beginning of the plan year			5a	3								
	t the end of the plan year	1		5b	3								
	count balances as of the end of the pla			5c	3								
	ipants at the beginning of the plan yea			5d(1)	2								
	sipants at the end of the plan year 🛛 🛶			5d(2)	1								
e Number of participants who ter less than 100% vested	minated employment during the plan y		nefits that were	5e 0									
Caution: A penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	i unless reasonable cau	se is est	ablished.								
Under penalties of perjury and other	er penalties set forth in the instructions	, I declare that I hav	e examined this return/rep	ort, Inclu	ding, if applicable, a Schedule								
SIGN Link Va	nu lan	1/31/18	KIRK DOUGLASS										
HERE Signature of plan agmin		Date ,	Enter name of individual	signing a	is plan administrator								

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KIRK DOUGLASS

Enter name of individual signing as employer or plan sponsor

SIGN	Mink	s (Lo	rĽ	an		/?	//	12
HERE	Signature	of employer/	plat	n sponsor	Da	te	7	
For Pap	erwork Red	luction Act N	otic	e, see the instructions for Form	5500)-SF		

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)					X Yes 🗌 No			
Þ	Are you claiming a waiver of the annual examination and report of a										
	under 29 CFR 2520.104-46? (See instructions on walver eligibility a		•								
	If you answered "No" to either line 6a or line 6b, the plan canno										
¢	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	PBGC pr	emium filing for this year	·				(See Instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	ır			(b) End of Year			
а	Total plan assets	7a	8.	77,6	26			1,117,991			
b	Total plan liabliities	7b			0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	8'	77,6	26			1,117,991			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total			
a	Contributions received or receivable from:				~-	195369					
	(1) Employers	8a(1)		5,0		15356					
	(2) Participants	<u>8a(2)</u>		26,6							
	(3) Others (Including rollovers)	8a(3)			0		1				
<u>b</u>	Other income (loss)	8b	2(08,7	50						
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						240,365			
ď	to provide benefits)	8d			0		2.2.5				
6	Certain deemed and/or corrective distributions (see instructions)	8e			0	rowwoold Administra					
	Administrative service providers (salaries, fees, commissions)	8f		••••	0						
	Other expenses	8g			0	100000					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0			
•	Net income (loss) (subtract line 8h from line 8c)	81						240,365			
]	Transfers to (from) the plan (see instructions)	81			0						
Pa	rt IV Plan Characteristics										
_	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan C	harad	tedst	ic Cor	tes in t	ihe instructions:			
	2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Ch	aract	eristic	Code	es in th	e instructions:			
						QUU.					
^{\$} Pa	rt V Compliance Questions										
<u>10</u>	During the plan year:				Yes	No	N/A	Amount			
a	Was there a failure to transmit to the plan any participant contribut		•								
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo	luntary Fic	luclary Correction								
	Program)			10a		x					
U	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	nclude transactions	10b		x					
c	Was the plan covered by a fidelity bond?			100				30,000			
d				100	~						
	by fraud or dishonesty?			10d		x					
9	the second s										
	carrier, insurance service, or other organization that provides some			10a		x					
f	the plan? (See Instructions.)										
	Has the plan failed to provide any benefit when due under the plan	10f 10g		x x							
<u> </u>											
	If this is an individual account plan, was there a blackout period? (2520.101-3.)		clions and 29 CFR	10h		x					
i	If 10h was answered "Yes," check the box if you either provided th										
•••••	exceptions to providing the notice applied under 29 CFR 2520.101	-3		101							

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Par	t VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet (Form 5500 and line 11a below)	Scheo	Jule	SB		Yes X] No				
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11	а								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA?	ection	302 (of 		Yes 🗴] No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	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 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	. 12	b								
C	Enter the amount contributed by the employer to the plan for the plan year	. 12	C								
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)	. 12	d								
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	.	Yes No N/A								
Par	t VII Plan Terminations and Transfers of Assets										
_13a	Has a resolution to terminate the plan been adopted in any plan year?	•] Yes	X	No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13	a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?				es [X No					
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	an(s) to)								
1	3c(1) Name of plan(s): 13c(2	EIN(s)	N(s)			(3) PN(s	;)				
				L,							