Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service Deficit Filan Department of Labor Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of the Employee Reinformation Department of Labor Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of the Employee Reinformation					2017			
					This Form is Open to			
Pension Benefit Guaranty Cor	Complete all entries in a	accordance with the inst	uctions to the Form 5500	0-SF.	Public Inspection			
Part I Annual Report Identification Information								
For calendar plan year 20	117 or fiscal plan year beginning 07/01/2			30/2018	ing this have several attach a			
A This return/report is for	A This return/report is for:							
P This nature /new ant is	a one-participant plan	a foreign plan						
B This return/report is	rt is the first return/report the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)							
C Check box if filing unc	er: Form 5558	automatic extension		DFVC p	rogram			
	special extension (enter desci	ription)						
Part II Basic Pla	n Information—enter all requested in	formation						
1a Name of plan			1	1b Three				
ORTHOPEDIC APPLIANC	E & BRACE CENTER, INC. PROFIT SHA	RING PLAN		pian (PN)	number 001			
			1	()	tive date of plan			
					07/01/1994			
•	(employer, if for a single-employer plan) ude room, apt., suite no. and street, or P.C). Box)	2	2b Employer Identification Number (EIN) 05-0374030				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ORTHOPEDIC APPLIANCE & BRACE CENTER					2c Sponsor's telephone number 401-331-5548			
			2	2d Business code (see instructions)				
280 BROADWAY				339110				
PROVIDENCE, RI 02903					000110			
3a Plan administrator's i	name and address X Same as Plan Spor	nsor.	3	3b Admi	nistrator's EIN			
			2	3c Administrator's telephone number				
	N of the plan sponsor or the plan name ha		eturn/report filed for	4b EIN				
this plan, enter the p a Sponsor's name	lan sponsor's name, EIN, the plan name a	and the plan number from t		4d PN				
C Plan Name								
5a Total number of part	icipants at the beginning of the plan year			5a	8			
•	icipants at the end of the plan year Its with account balances as of the end of			5b	8			
			·····	5c	6			
d(1) Total number of a	ctive participants at the beginning of the pl	an year		5d(1) 5d(2)	8			
d(2) Total number of active participants at the end of the plan year					7			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Caution: A penalty for t	he late or incomplete filing of this return	n/report will be assessed	unless reasonable cause					
SB or Schedule MB comp	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 belief, it is true, correct, and complete.							
	horized/valid electronic signature.	01/24/2019	MARIA LONARDO					
HERE Signature o	f plan administrator	Date	Enter name of individua	l signing a	as plan administrator			
SIGN								
HERE Signature o	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							

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

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	ccounta	ant (IQ	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		-				
•	If you answered "No" to either line 6a or line 6b, the plan cann						
C	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 th	e PBGC p	premium filing for this pl	an yea	r		(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a	122	2059			940888
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	122	2059			940888
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		4903			
	(2) Participants	8a(2)		5903			
<u> </u>	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	5	57121			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					67927
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	34	9048			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
a	Other expenses	8g		50			
 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					349098
i	Net income (loss) (subtract line 8h from line 8c)	8i					-281171
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics	•)					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Chai	racteri	stic Co	des in the instructions:
	2E 2F 2G 2J 2K 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	cterist	ic Cod	es in the instructions:
Pa	t V Compliance Overting						
<u> </u>					Yes	No	A
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		162	NO	Amount
Ľ	described in 29 CFR 2510.3-102? (See instructions and DOL's V						
	Program)			10a		Х	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x	
c	Was the plan covered by a fidelity bond?			10c	Х	III	220000

Х

Х

Х

Х

3068

Х

10d

10e

10f

10g

10h

10i

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance

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.)

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

2520.101-3.)

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.....

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)

е

h

i

by fraud or dishonesty?

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Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	ו(s) י	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

Department of the Treasury	Short Form Ann	ual Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-01 1210-008
Internal Revenue Service	etirement	2017			
Department of Labor Employee Benefits Security Administration	() 	4 (ERISA), and sections 605 Revenue Code (the Code	97(b) and 6058(a) of the	Internal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 55	00-SF	Public Inspection
Part I Annual Repor	rt Identification Information	n			
For calendar plan year 2017 or	fiscal plan year beginning	07/01/2017	and ending		0/2018
A This return/report is for:	a single-employer plan	a multiple-employer pl list of participating em	an (not multiemployer) (l ployer information in ac	Filers checki cordance wit	ng this box must attach a the form instructions.)
Dette	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	The final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension	1	DFVC pro	ouram
	special extension (enter des	bacchart	l		gram
Part II Basic Plan Inf	formation—enter all requested in				
1a Name of plan	ter en responsited h			1b Three	dicit
Orthopedic Appliance	e & Brace Center, Inc	. Profit Sharing	Plan	plan n (PN)	umber 001
			-		ve date of plan
Mailing address (include ro	loyer, if for a single-employer plan) iom, apt., suite no. and street, or P.	O Boy)		2b Emplo	yer Identification Number
Orthopedic Applianc	nce, country, and ZIP or foreign pos ce & Brace Center	stal code (if foreign, see instr	uctions) -	2c Spons	or's telephone number
280 Broadway					ess code (see instructions)
Providence	RI 02903				
3a Plan administratoria	and address X Same as Plan Spo			26	strator's Elbi
ou rian automistrators name t	and address injoante as Plan Spo	JIISOL.		SD Admini	
e Fran authinistrator s name t	and address in Same as Plan Spo	лізот.		3b Admini	
er en aunimistrator s name :	and address A same as Man Spc	nisor.	-		strator's telephone number
4 If the name and/or EIN of the second se	ne plan sponsor or the plan name b	the changed since the last we	tum/report filed for	3c Admini	
4 If the name and/or EIN of the this plan, enter the plan spin	he plan sponsor or the plan name h onsor's name, EIN, the plan name h	the changed since the last we	tum/report filed for e last return/report,	3c Admini 4b EIN	
4 If the name and/or EIN of the second se	ne plan sponsor or the plan name b	the changed since the last we	tum/report filed for e last return/report.	3c Admini	
 4 If the name and/or EIN of the this plan, enter the plan spinal sponsor's name c Plan Name 5a Total number of participants 	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year .	ras changed since the last re and the plan number from th	e last return/report.	3c Admini 4b EIN	
 4 If the name and/or EIN of the this plan, enter the plan spinal sponsor's name c Plan Name 5a Total number of participants b Total number of participants 	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year . s at the end of the plan year .	ras changed since the last re and the plan number from th	e last return/report.	3c Admini 4b EIN 4d PN	
 4 If the name and/or EIN of the this plan, enter the plan spinal spina	he plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year s at the end of the plan year	tas changed since the last re and the plan number from th	e last return/report.	3c Admini 4b EIN 4d PN 5a	
 4 If the name and/or EIN of the this plan, enter the plan spinal sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item) 	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year s at the end of the plan year account balances as of the end of	tas changed since the last re and the plan number from th the plan year (only defined a	e last return/report.	3c Admini 4b EIN 4d PN 5a 5b 5c	
 4 If the name and/or EIN of the this plan, enter the plan sport a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active participants d(2) Total number of active participants 	he plan sponsor or the plan name h onsor's name, EIN, the plan name i s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan year	tas changed since the last re and the plan number from th the plan year (only defined of lan year	e last return/report.	3c Admini 4b EIN 4d PN 5a 5b 5c 5d(1)	
 4 If the name and/or EIN of the this plan, enter the plan spin a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the plan ye articipants at the end of the plan ye o terminated employment during th	tas changed since the last re and the plan number from th the plan year (only defined to lan year	e last return/report.	3c Admini 4b EIN 4d PN 5a 5 5b 5 5c 5d(1) 5d(2) 5	
 4 If the name and/or EIN of the this plan, enter the plan spin a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during the or incomplete filing of this return	tas changed since the last re and the plan number from th the plan year (only defined of lan year ar e plan year with accrued ber	e last return/report.	3c Admini 4b EIN 4d PN 5a 5 5c 5 5d(1) 5 5d(2) 5	strator's telephone number
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name i s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actues	tas changed since the last re and the plan number from th the plan year (only defined a lan year ar e plan year with accrued ber n/report will be assessed u	e last return/report. contribution plans refits that were less inless reasonable caus	3c Admini 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e 5e is establi	strator's telephone number
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name i s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actues	as changed since the last re and the plan number from th the plan year (only defined lan year ar e plan year with accrued ber n/report will be assessed u ctions, I declare that I have e as well as the electronic vers	e last return/report. contribution plans refits that were less inless reasonable caus isamined this return/report, ion of this return/report,	3c Admini 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e 5e is establi	strator's telephone number
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan yea o terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- und signed by an enrolled actuary, a plete.	tas changed since the last re and the plan number from th the plan year (only defined a lan year ar e plan year with accrued ber n/report will be assessed u ctions, I declare that I have e as well as the electronic vers	e last return/report. contribution plans efits that were less inless reasonable caus mamined this return/report, Maria Lonardo	3c Admini 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b	strator's telephone number
 4 If the name and/or EIN of the this plan, enter the plan spinal spina	he plan sponsor or the plan name h onsor's name, EIN, the plan name a s at the beginning of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan yea o terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- und signed by an enrolled actuary, a plete.	tas changed since the last re and the plan number from th the plan year (only defined of lan year e plan year with accrued ber n/report will be assessed o ctions, I declare that I have e as well as the electronic vers	e last return/report. contribution plans refits that were less inless reasonable caus isamined this return/report, ion of this return/report,	3c Admini 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b	strator's telephone number

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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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)... X Yes No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

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.)

940,88		
940,88		
67,92		
67,92		
349,09		
349,09		
349,09		
349,09		
349,09		
349,09		
-281,17		
S Shinesse		
220 000		
220,000		
3,068		
01000		

X

10h

101

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

exceptions to providing the notice applied under 29 CFR 2520.101-3...

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

2520.101-3.) ..

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Page	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 Sci (Form 5500) and line 11a below)	nedule S	В	Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 o	f	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter Dav		f the letter ruling Year
lf	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		
	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		
e			Yes	No N/A
Part				
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	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ought under the		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to)	
	13c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)