Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.	Ins	spection	
Part I	Annual Report	Identification Information						
For calenda		scal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retui	n/report (less than 12 m	onths)			
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter descript	ion)					
Part II	Basic Plan Info	rmation—enter all requested inform	nation					
1a Name	•	·			1b	Three-digit		
EASTSIDE (ORTHOTICS & PROST	THETICS, INC. 401(K) PLAN				plan number		
					4.	(PN) •	002	
					10	Effective date o	ot plan 5/1999	
2a Plan s	nonsor's name and ad	dress; include room or suite number (employer if for a single	-employer plan)	2h		fication Number	
	ORTHOTICS & PROS		omployor, ii for a omgio	omproyor plany	20		391554	
					2c	Sponsor's telep	hone number	
889 HARRIS	SON AVENUE	889 HARRI	SON AVENUE			631-72		
SUITE 2A RIVERHEAD	NV 11001	SUITE 2A	D, NY 11901		2d	Business code	(see instructions)	
			<u> </u>			62139	99	
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN	
					30	Administrator's	talanhana numbar	
					36	Administrators	telephone number	
		e plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	EIN		
	•	mber from the last return/report.			40	DN		
	or's name	at the beginning of the plan year			4c	I	40	
_					5a		10	
		at the end of the plan yearat the end of the			5b		11	
		account balances as of the end of the	, , ,	•	5с		12	
_	•	s during the plan year invested in eligi	,	,			X Yes No	
		the annual examination and report of			PA)		X Yes No	
		? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can			Form	5500	N 163 140	
•		it plan, is it covered under the PBGC			_		Not determined	
		•		•			1 Not determined	
		or incomplete filing of this return/re						
	, , ,	ner penalties set forth in the instruction nd signed by an enrolled actuary, as we				0, 11	,	
	true, correct, and comp		veli as trie electroriic ve	ision of this return/report	i, and	o the best of my	Knowledge and	
	Etter to the contract of	control of a control of a control	00/40/0044	T				
SIGN HERE	Filed with authorized/	valid electronic signature.	03/19/2014	CHRISTOPHER NAR	RWOLD			
TILIXL	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ministrator	
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor	
Preparer's	name (including firm n	ame, if applicable) and address; inclu	de room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)	

Form 5500-SF 2013 Page **2**

_	am lec en a									
_	rt III Financial Information				1					
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) En			
	Total plan assets	7a	215363		-			26	668916	
	Total plan liabilities	7b		0	+				(
_	Net plan assets (subtract line 7b from line 7a)	7c	215363	Ü	+			20	668916	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	2923 ⁻	1						
	(2) Participants	8a(2)	9207	5						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	39398	0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	15286	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d)						
е	Certain deemed and/or corrective distributions (see instructions)	8e	()						
	Administrative service providers (salaries, fees, commissions)	8f	()						
g	Other expenses	8g)						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()
i	Net income (loss) (subtract line 8h from line 8c)	8i						į	515286	
	Transfers to (from) the plan (see instructions)	8j		0						
_	rt IV Plan Characteristics	oj .								
9a	If the plan provides pension benefits, enter the applicable pension to	feature code	es from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	· · ·	
	2A 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Charac	teristi	ic Coc	les in t	he instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		X				
С				10c	X					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	d, that was caused by fraud			X				40000
	or dishonesty?			10d						
6	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of instructions.)	of the benef	its under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan					X				
				10f	Χ					
9				10g	^					18834
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X				
<u> </u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	•		10i						
Part	VI Pension Funding Compliance			_	_					
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)							[Yes	X No
	Enter the unpaid minimum required contribution for current year from					11a				
11a									1	X No
			ts of section 412 of the Code	or se	ction	302 of	ERISA?	Г	Yes	X No
11a 12	Is this a defined contribution plan subject to the minimum funding	requiremen		or se	ction	302 of	ERISA?		Yes	NO
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	requiremen as applicab ng amortized	ole.) If in this plan year, see instruc	tions,					etter ru	
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	requiremen as applicat ng amortized	ole.) d in this plan year, see instruc Mon	tions,		enter th		f the le	etter ru	

Page	3 -		1
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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?	Y	es 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 of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	art I	Annual Repor	t Identification Information				<u> </u>	
		dar plan year 2013 or	fiscal plan year beginning 01/01/20	313	and onding	10/04	10040	
_			X a single-employer plan			12/31/	2013	
_		eturn/report is for: eturn/report is:	the first return/report	a multiple-employer the final return/repor	plan (not multiemployer)		a one-partici	pant plan
_	71710 (1	otalisi epoit ia.	- 片	= '				
	.		an amended return/report		ım/report (less than 12 m	onths	·	
C	Check	box if filing under:	∐ Form 5558	_ automatic extension			DFVC progra	am
Б		Desir Die 1.6	special extension (enter descrip					
<u> </u>	art II		ormation—enter all requested infor	mation				
		of plan	TUETION NO. 11.			1b	Three-digit	
LAG	1 OIDE	ORTHOTICS & PROS	STHETICS, INC. 401(K) PLAN			1	plan number	200
						10	(PN) ▶ Effective date or	002
						"	07/15/	•
2a	Plans	sponsor's name and a	ddress; include room or suite number	employer, if for a single	e-employer plan)	2b	Employer Identif	
EAS	SIDE	ORTHOTICS & PROS	STHETICS, INC.		,		(EIN) 11-28	
						2c	Sponsor's telep	hone number
889 SUID	HARRISON AVENUE 889 HARRISON AVENUE						631-727	
		D, NY 11901	SUITE 2A RIVERHEA	D, NY 11901		2d	Business code (see instructions)
32	Plan	dministrator's name a	nd address XSame as Plan Sponsor				62139	
	1 1011 6	deministrator s name a	address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's E	≣IN
						3c	Administrator's to	elephone number
								- repriette mainibei
4	If the	name and/or FIN of the	nian changer has changed since the	Industrial 181 12				
•	name	, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	last return/report filed f	or this plan, enter the	4b	EIN	<u> </u>
a		or's name	·			4c	PN	
5a	Total	number of participants	at the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5a		10
b	Totalı	number of participants	at the end of the plan year			5b		11
C	Numb	er of participants with	account balances as of the end of the	plan year (defined bene	efit plans do not		<u> </u>	11
	comp	lete this item)				5c		12
6a	Were	all of the plan's assets	during the plan year invested in eligit	ole assets? (See instruc	tions.)		•••••	X Yes No
U	under	29 CFR 2520.104-463	the annual examination and report of (See instructions on waiver eligibility	an independent qualific	ed public accountant (IQF	PA)		Ø vaa □ Na
	If you	answered "No" to ei	ther line 6a or line 6b, the plan canr	not use Form 5500-SF	and must instead use I	Form	5500	⊠ Yes ∐ No
C	If the p	lan is a defined benefi	it plan, is it covered under the PBGC i	nsurance program (see	FRISA section 4021)2	□	Ves DNa D	Not determined
				·				TVOL GETERMINEG
Und	er nena	lities of perions and off	or incomplete filing of this return/re	port will be assessed	uniess reasonable caus	se is e	established.	
OD (N ONIE	and mo combicted at	ner penalties set forth in the instruction and signed by an enrolled actuary, as w	is, i declare that i have ell as the electronic ver	examined this return/repo sion of this return/report	ort, ind and to	cluding, if applicat	ble, a Schedule
belie	ef, it is t	rue, correct, and comp	liete.	/ /	or and rotality opolit,	una (o the best of my h	nowledge and
SIG	N.	A Mari	161	3/11/11	Doll	11	7	
		Signature of pian ac	- G		20000	7 <u>5</u>	1.0/	<u> </u>
HEF	774 331 14	Signature or plan at	animpurator _	Dáte 🗇 🖊	I Enter name of individu	al sign	ning as plan admi	nistrator
laga (b.). Dalakista		17/1.	0	7/2/2/				
HER SIGI HER	N.	Offe	2 4	3/11/14	A	15	J. EY	
SIGI HER	N IE	Signature of employ	emplan spensor	3/(()/4 Date	Enter name of individu	کے/ al sign	T- EY	or plan sponsor
SIGI HER	N IE	Signature of employ name (including firm p	2 4	3/(()/4 Date	Enter name of individu	کے/ al sign	J. 64	or plan sponsor
SIGI HER	N IE	Signature of employ name (including firm ga	emplan spensor	3/(()/4 Date	Enter name of individu	کے/ al sign	T- EY	or plan sponsor
SIGI HER	N IE	Signature of employ name (including firm p	emplan spensor	3/(()/4 Date	Enter name of individu	کے/ al sign	T- EY	or plan sponsor
SIGI HER	N IE	Signature of employ name (including firm pa	emplan spensor	3/(()/4 Date	Enter name of individu	کے/ al sign	T- EY	or plan sponsor

7 Plan Assets and Liabilities 7a 2153630 b Total plan isabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 2153630 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 29231 (2) Participants 8a(2) 92075 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 393980 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums			266891 266891 266891	0
b Total plan liabilities. 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 2153630 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers. 8a(1) 29231 (2) Participants. 8a(2) 92075 (3) Others (including rollovers). 8a(3) 0 b Other income (loss) 8b 393980 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums		(b)	266891	0
C Net plan assets (subtract line 7b from line 7a)		(b)		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:		(b)		6
a Contributions received or receivable from: 29231 (1) Employers 8a(1) 29231 (2) Participants 8a(2) 92075 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 393980 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums		(b)	Total	
(1) Employers 8a(1) 29231 (2) Participants 8a(2) 92075 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 393980 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 8c				
(2) Participants			Daniel Carlotter (Control	
(3) Others (including rollovers)				
b Other income (loss)			<u>in naargas</u> Gristinis	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1. 1. 1. 1. 1.			
d Benefits paid (including direct rollovers and insurance premiums		una frail e multur	51528	<u></u>
to provide benefits) 8d				
e Certain deemed and/or corrective distributions (see instructions) 8e 0				
f Administrative service providers (salaries, fees, commissions) 8f	AÇ Ç			
g Other expenses 8g 0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)				0
i Net income (loss) (subtract line 8h from line 8c)			51528	36
j Transfers to (from) the plan (see instructions)				
Part IV Plan Characteristics				
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Coc 2A 2E 2J 3D	des in	the instru	ictions:	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Code Part V Compliance Questions				
10 During the plan year: Yes	No	ļ	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)	X			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Х			
C Was the plan covered by a fidelity bond?				40000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Х			
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? 10f	Χ			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				18834
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)	х			10001
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				
Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedu 5500) and line 11a below)			Yes	s 🛭 No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	1a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	02 of	ERISA?.	. Yes	s X No
(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 instructions, and er granting the waiver. Month	nter th Day		the letter n Year_	ıling
If 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			

Form	5500	-SF	201	13

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1 auc	-	1	

			Т				
	Enter the amount contributed by the employer to the plan for this plan year	12c					
d 	negative amount)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	П	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	s X	No		· · · · · · · · · · · · · · · · · · ·
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Τ				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro				Yes	⊠ No
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					<u> </u>
1	3c(1) Name of plan(s):	3c(2)	EIN(s)		13c(3	PN(s)
	建铁铁						
Part	VIII Trust Information (optional)						
14a	Name of trust	14b	Trus	t's EiN	I		

Eastside Orthotics & Prosthetics, Inc. 401(k) Plan

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Outsourcing Strategies, Incorporated to electronically file the plan sponsor's Form 5500 annually, but only upon Outsourcing Strategies, Incorporated's receipt of a copy of the manually signed pages one and two of Form 5500.

The sponsor has been notified that the image of the plan administrator's plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

The employer may revoke or change this authorization any time by notification in writing to Outsourcing Strategies, Incorporated.

Douglas Ex

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