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.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I	Annual Repor	t identification informatio	n				
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	/31/2014		
A This ret	turn/report is for:	X a single-employer plan		er plan (not multiemployer) ployer information in accor			
		a one-participant plan	a foreign plan				
B This retu	urn/report is	the first return/report	the final return/repo	ort			
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension	on	DFVC pr	ogram	
		special extension (enter des	cription)				
Part II	Basic Plan Inf	ormation—enter all requested i	nformation				
1a Name					1b Three-digit		
EASTSIDE (ORTHOTICS & PRO	STHETICS, INC. 401(K) PLAN			plan numbe	r 002	
					(PN) 1c Effective da	l .	
						7/15/1999	
	ponsor's name and a	nddress; include room or suite numesTHETICS, INC.	ber (employer, if for a sing	gle-employer plan)	' '	entification Number 1-2891554	
					2c Sponsor's t	elephone number	
SUITE 2A	ON AVENUE	889 HA SUITE	RRISON AVENUE 2A			de (see instructions)	
RIVERHEAD	, NY 11901	RIVERI	HEAD, NY 11901			21399	
3a Plan a	dministrator's name	and address XSame as Plan Spo	nsor.		3b Administrate	or's EIN	
					3C Administrate	or's telephone number	
name		he plan sponsor has changed sinc umber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN 4c PN		
		ts at the beginning of the plan year			5a	11	
_		ts at the end of the plan year			5b		
		n account balances as of the end c			5c		
	, , ,	articipants at the beginning of the				12	
` ,	·	,	•		5d(1)	11	
		participants at the end of the plan y			5d(2)	11	
		terminated employment during the	, ,		5e	C	
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assess	ed unless reasonable ca	use is established	•	
SB or Sche	edule MB completed	other penalties set forth in the instrand signed by an enrolled actuary					
	true, correct, and cor	d/valid electronic signature.					
SIGN HERE			5.				
					lual signing as plan	administrator	
SIGN HERE							
		loyer/plan sponsor	Date		dual signing as employer or plan sponsor Preparer's telephone number (optional)		
riepaiers	name (including firm	name, if applicable) and address	include room of suite hur	inoer) (optional)	Freparer's teleph	one number (optional)	

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indepen and conditi	ident qualified public accounta	int (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	26689				3023471
	Total plan liabilities	7b	26689	0			3023471
	Net plan assets (subtract line 7b from line 7a)	7c		710			
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	353	324			
	2) Participants	8a(2)	776				
	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	2415	570			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					354555
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					354555
_ J	Transfers to (from) the plan (see instructions)	8j	3545	555			
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	tic Cod	les in t	the instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corr	ection Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
	Was the plan covered by a fidelity bond?			10c	X		350000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X		14856
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
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			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	- 1.			
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information	1			
For calenda	ar plan year 2014 or t	iscal plan year beginning 01/01/	2014	and ending 12/3	31/2014	
A This ret	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla of participating employer a foreign plan			
D This sat	urn/report is	the first return/report	the final return/report			
D This retu	arn/report is	an amended return/report	a short plan year return	report (less than 12 mc	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	ram
Dt II	Dania Diam Inf	special extension (enter des	N 0			
Part II 1a Name		ormation—enter all requested in	ntormation		1b Three-digit	Ť
		STHETICS, INC. 401(K) PLAN			plan number	002
					1c Effective date	of plan 5/1999
	ponsor's name and a DRTHOTICS & PROS	ddress; include room or suite num THETICS, INC.	ber (employer, if for a single-e	mployer plan)	2b Employer Iden (EIN) 11-2	tification Number 2891554
889 HARRIS	ON AVENUE	889 HA	RRISON AVENUE		2c Sponsor's tele 631-7	phone number 27-8735
SUITE 2A RIVERHEAD	TO STATE OF THE ST	SUITE			2d Business code 621	National Control of the Control
3a Plan a	idministrator's name	and address Same as Plan Spo	nsor.		3b Administrator's	EIN
4 If the	name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed fo	r this plan, enter the	4b EIN	
	e, EIN, and the plan n sor's name	umber from the last return/report.		303 C 201 *** *******************************	4c PN	
5a Total	number of participan	ts at the beginning of the plan year			5a	11
b Total	number of participan	ts at the end of the plan year			5b	1.1
		h account balances as of the end of			5c	12
d(1) Tot	tal number of active p	articipants at the beginning of the	plan year	/	5d(1)	11
d(2) To	tal number of active p	participants at the end of the plan y	ear	************	5d(2)	11
	er of participants that nan 100% vested	terminated employment during the	점하다 내 이 경에 가장하다 하는데 하는데 보다 하는데 살아 하나 하나 하는데 얼마나 하는데 하는데 없다.	its that were	5e	0
Under pen SB or Sch	alties of perjury and	e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary mplete.	uctions, I declare that I have	examined this return/rep	port, including, if appl	
SIGN	Dole,	L Ca	6/3/15	20064	75 EY	
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan a	dministrator
SIGN	THE	38	6-3-15	MATTH	EW FLYN	W
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as emplo	yer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address	(include room or suite number) (optional)	Preparer's telephor	ne number (optional)

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	Are you	all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of a 29 CFR 2520.104-46? (See instructions on waiver eligibility a answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot be all the plan cannot be a contracted to the contracted to the plan cannot be a contracted to the contrac	n independe and condition	nt qualified public accounta s.)	nt (IQ	PA)		
С		plan is a defined benefit plan, is it covered under the PBGC in				_		No Not determined
	rt III	Financial Information						
7	SALES OF	Assets and Liabilities		(a) Beginning of Yea	r	T	(b) End of Year
а	Total	plan assets	7a	26689				3023471
		plan liabilities	7b		0			.0
С	Net pl	an assets (subtract line 7b from line 7a)	7c	26689	16			3023471
8	Incom	e, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а		butions received or receivable from:		353	24			
_	SSSS - TO	mployers	8a(1)	776		-	-	
_		articipants	8a(2)	770	0			
		thers (including rollovers)	8a(3)	2415		-		
		income (loss)	8b	2410	70			254555
		income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					354555
u		its paid (including direct rollovers and insurance premiums vide benefits)	8d		0			
е	Certai	in deemed and/or corrective distributions (see instructions)	8e		0			
f	Admir	nistrative 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 in	come (loss) (subtract line 8h from line 8c)	8i					354555
j	Trans	fers to (from) the plan (see instructions)	8i	3545	555			
Pai	rt IV	Plan Characteristics						
9a	If the	plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature code	s from the List of Plan Char	- 14 - 3	- K - C -	7.5	
				o month the Elect of Flam Office	acten	Stic Co	des in the	instructions:
b	If the	plan provides welfare benefits, enter the applicable welfare fe						
		plan provides welfare benefits, enter the applicable welfare fe						
Par	t V	plan provides welfare benefits, enter the applicable welfare for Compliance Questions				ic Cod	es in the ir	nstructions
Par	t V Duri	plan provides welfare benefits, enter the applicable welfare for Compliance Questions ng the plan year:	eature codes	from the List of Plan Charac				
Par 10	Duri Was	plan provides welfare benefits, enter the applicable welfare for Compliance Questions Ing the plan year: It there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidure (See instructions and DOL's Voluntary Fidure)	eature codes	from the List of Plan Characteristics from the List of Plan Characteri		ic Cod	es in the ir	nstructions
Par 10	Duri Was 29	plan provides welfare benefits, enter the applicable welfare for Compliance Questions Ing the plan year: It there a failure to transmit to the plan any participant contribut CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest	tions within to	from the List of Plan Characteristics of Plan Characte	10a	ic Cod	No X	nstructions
Par 10 a	Duri Was 29 0 Were on li	plan provides welfare benefits, enter the applicable welfare for Compliance Questions In the plan year: If there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.)	tions within to	ne time period described in tion Program)	cteris	Yes Yes	es in the in	nstructions
Par 10 a b	Duri Was 29 0 Wern on lii	plan provides welfare benefits, enter the applicable welfare for Compliance Questions Ing the plan year: If there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interestine 10a.) In the plan covered by a fidelity bond?	tions within to	from the List of Plan Characteristics of Plan Characte	10a	ic Cod	No X	nstructions
Par 10 a b	Duri Was 29 Wern on lii	Compliance Questions In the plan year: If there a failure to transmit to the plan any participant contributions In the plan year: If there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.) In the plan covered by a fidelity bond?	tions within to	ne time period described in tion Program)	10a 10b	Yes Yes	No X	Amount
Par 10 a b	Duri Was 29 0 Wen on lii Was	Compliance Questions In the plan year: If there a failure to transmit to the plan any participant contributors OFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.) If the plan covered by a fidelity bond? If the plan have a loss, whether or not reimbursed by the plan's shonesty?	tions within to ciary Correct? (Do not income fidelity bond	from the List of Plan Characteristics of Plan Characte	10a	Yes Yes	No X	Amount
Par 10 a b	t V Duri Wass 29 0 Wern on li Was Did to or di Wern insu	Compliance Questions In the plan year: In there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interestine 10a.) In the plan covered by a fidelity bond? In the plan have a loss, whether or not reimbursed by the plan's shonesty? In any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all	tions within to ciary Correct (Do not income fidelity bond	from the List of Plan Characteristics and the time period described in tion Program)	10a 10b	Yes Yes	No X X	Amount
Par 10 a b	Duri Wass 29 0 Were on lii Wass Did tor di Were insurinstr	Compliance Questions In the plan year: In there a failure to transmit to the plan any participant contributions OFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.) In the plan covered by a fidelity bond? In the plan have a loss, whether or not reimbursed by the plan's ishonesty? In any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all uctions.)	tions within to ciary Correct ? (Do not income fidelity bond	from the List of Plan Characteristics of Plan Characte	10a 10b	Yes Yes	No X	Amount
Par 10 a b	Duri Wass 29 0 Were on lii Wass Did tor di Were insurinstr	Compliance Questions In the plan year: In there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interestine 10a.) In the plan covered by a fidelity bond? In the plan have a loss, whether or not reimbursed by the plan's shonesty? In any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all	tions within to ciary Correct ? (Do not income fidelity bond	from the List of Plan Characteristics of Plan Characte	10a 10b 10c	Yes Yes	No X X	Amount
Par 10 a b	Duri Was 29 0 Wen on li Was Did t or di Wern insur instr	Compliance Questions In the plan year: In there a failure to transmit to the plan any participant contributions OFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.) In the plan covered by a fidelity bond? In the plan have a loss, whether or not reimbursed by the plan's ishonesty? In any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all uctions.)	tions within to ciary Correct (Do not incomplete bond fidelity bond for the benefit	from the List of Plan Characteristics of the time period described in tion Program). Induction Program inductions reported that was caused by fraud by an insurance carrier, is under the plan? (See	10a 10b 10c 10d	Yes Yes	No X X X	Amount
Par 10 a b c d d	Duri Was 29 0 Were on li Was Did t or di Were insu instr Has Did t	Compliance Questions Ing the plan year: In there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.) In the plan covered by a fidelity bond? In the plan have a loss, whether or not reimbursed by the plan's shonesty? In any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all uctions.)	tions within the clary Correct (Do not incomplete persons to of the benefit persons to of the be	from the List of Plan Character time period described in tion Program)	10a 10b 10c 10d 10e	Yes X	No X X X	Amount 40000
Par 10 a b c d d	Duri Wass 29 0 Were on lii Was Did t or di Were insur instr Has Did t If thi 2520 If 10	Compliance Questions In the plan year: In there a failure to transmit to the plan any participant contributors OFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.) In the plan covered by a fidelity bond? In the plan have a loss, whether or not reimbursed by the plan's shonesty? In any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all functions.) In the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount a sis an individual account plan, was there a blackout period?	tions within to iciary Correct ? (Do not income fidelity bond. there persons be of the benefit	from the List of Plan Characteristics of Plan Characte	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X X	Amount 40000
Par 10 a b c d d e	Duri Was 29 0 Wer on li Was 1 Did t or di Wer insur instr Has Did t If thi 2520 If 10 exce	Compliance Questions In the plan year: If there a failure to transmit to the plan any participant contributors OFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ne 10a.) In the plan have a loss, whether or not reimbursed by the plan's shonesty? In any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all functions.) In the plan have any participant loans? (If "Yes," enter amount a sis an individual account plan, was there a blackout period? (D.101-3.) In was answered "Yes," check the box if you either provided the plan have any provided the plan have any contribute the plan have any participant loans?	tions within to iciary Correct ? (Do not income fidelity bond. there persons be of the benefit	from the List of Plan Characteristics of Plan Characte	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X X	Amount 40000

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

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

Month

Day

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

Yes

No

granting the waiver.

Part VI

	Form 5500-SF 2014	Page 3 - 1		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 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 resunegative amount)	ult (enter a minus sign to the left of a	12d	
е	Will the minimum funding amount reported on line 12d be met by the fundi			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?		. N	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, transfe of the PBGC?			☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)			
	3c(1) Name of plan(s):		13c(2) El	N(s) 13c(3) PN(s)
Part	VIII Trust Information (optional)			-
3/05	Name of trust		14b Tr	rust's EIN

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 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 Ey

Date

6/3/15