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

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatio	n							
For calend			1/2015	and ending 12/	31/2015					
A This re	turn/report is for:		er) (Filers checking this box must attach a accordance with the form instructions)							
_										
B This ret	urn/report is	the first return/report an amended return/report	the final return/report	t urn/report (less than 12 mo	months)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC pr	ogram				
		special extension (enter des	scription)		_					
Part II	Basic Plan Info	ormation—enter all requested	information							
1a Name	of plan				1b Three-digit					
EASTSIDE	ORTHOTICS & PRO	STHETICS, INC. 401(K) PLAN			plan number	000				
				_	(PN)	002				
						7/15/1999				
Mailin	g address (include roo	oyer, if for a single-employer plan om, apt., suite no. and street, or P ice, country, and ZIP or foreign po	.O. Box)	etructions)	2b Employer Identification Number (EIN) 11-2891554					
	ORTHOTICS & PROS		star code (ii foreign, see in	structions)	2c Sponsor's telephone number 631-727-8735					
					2d Business code (see instructions)					
889 HARRIS SUITE 2A	SON AVE STE 2A	889 HA SUITE	ARRISON AVE STE 2A 2A		621399					
RIVERHEAD	D, NY 11901-2090	RIVER	HEAD, NY 11901-2090		32.000					
3a Plan a	administrator's name a	and address XSame as Plan Spo	onsor.		3b Administrator	's EIN				
					3c Administrator	's telephone number				
4 If the	name and/or EIN of the	ne plan sponsor has changed sind	e the last return/report file	d for this plan, enter the	4b EIN					
	•	umber from the last return/report.								
	sor's name				4c PN					
_		s at the beginning of the plan yea		 -	5a	12				
		s at the end of the plan year		 -	5b	0				
comp	olete this item)	n account balances as of the end			5c	0				
d(1) Tot	tal number of active pa	articipants at the beginning of the	plan year		5d(1)	11				
		articipants at the end of the plan y		_	5d(2)	0				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
		e or incomplete filing of this retu other penalties set forth in the insti				olicable a Schedule				
SB or Sch		and signed by an enrolled actuary								
SIGN	Filed with authorized	d/valid electronic signature.	01/27/2016	DOUGLAS EY						
HERE	Signature of plan	administrator	Date	Enter name of individu	Enter name of individual signing as plan adr					
SIGN										
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu						
Duamana	nama (inaludina firm	name if applicable) and address	(in al., al., and any any ite and a	hor)	Dranararia talanha					

Form 5500-SF 2015		Page 2							
 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and condition ot use For	dent qualified public a ons.)	ccount	ant (IQ	PA) For m	5500.		□ □	es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		3023						0
b Total plan liabilities	7b			0	_				0
C Net plan assets (subtract line 7b from line 7a)	7c		3023	3471					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
Contributions received or receivable from: (1) Employers	8a(1)		22	184					
(2) Participants	8a(2)		51	990					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		48	396					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12	2570
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3146	041					
Certain deemed and/or corrective distributions (see instructions)	8e		0.10	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							314	6041
i Net income (loss) (subtract line 8h from line 8c)	8i							-302	3471
j Transfers to (from) the plan (see instructions)	8i			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in th	ne instrud	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for		and the state of Dis	. 01			la a Carolla a		•	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the list of Pla	n Chara	acterist	ic Coc	ies in the	einstruct	ions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
b 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					350000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					Χ				
					X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
i If 10h was answered "Yes," check the box if you either provided the			10h		^				
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i		V				
			10j		X				
Part VI Pension Funding Compliance					<u> </u>		_		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				········				Y	es X No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Y	es 🗶 No

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling			
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι				
b	Enter ti	he minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d						
		ve amount)			Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A			
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo				
		s," 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 brou PBGC?	ght under the co	ontrol	×	Yes	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part		Trust Information								
14a	Name o	f trust		14b 1	rust's Ell	N				
14c Name of trustee or custodian				14d Trustee's or custodian's						
						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No				
	10 110			Design-						
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method						
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No						
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?								
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section		☐ Ratio ☐ Average			0			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No				
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable				
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	," enter amount	·····	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

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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 8058(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

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information								
For calendar	plan year 2015 or 1	iscal plan year beginning 01/01/			//31/2015	The second selection of				
A This control	rn/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp	n (not multiemployer) Nover information in ac	(Filers checking this cordance with the fo	box must attach a				
A This retu	пілероц із тог.	a one-participant plan	a foreign plan	noyer mormation in ac	oologaaloo Mar allo le					
B This retur	n/report is									
		report (less than 12 mo	months)							
C Check bo	x if filing under:		DFVC pro	ogram						
- 411 F	Danie Dlan Inf	special extension (enter desc								
Part II		ormation—enter all requested in	normation		1b Three-digit	1				
1a Name of EASTSIDE O	rpian RTHOTICS & PRO		plan number	002						
					1c Effective date of plan 07/15/1999					
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Identification Number (EIN) 11-2891554					
City or t	own, state or provin	ice, country, and ZIP or foreign pos	tal code (If foreign, see instru	rctions)	2c Sponsor's telephone number 631-727-8735					
						e (see instructions)				
	ON AVE STE 2A	889 HAI SUITE 2	RRISON AVE STE 2A		e.	21300				
SUITE 2A RIVERHEAD,	NY 11901-2090		EAD, NY 11901-2090		621399					
3a Plan ad	ministrator's name	and address X Same as Plan Spor	180r,		3b Administrator's EIN					
					3C Administrator's telephone number					
4 If the n	ame and/or EIN of t	he plan sponsor has changed since	e the last return/report filed fo	r this plan, enter the	4b EIN					
name, a Sponso		umber from the last return/report.			4c PN					
	·	ts at the beginning of the plan year			5a	12				
		ts at the end of the plan year			5b	0				
C Numbe	er of participants wit	h account balances as of the end o	f the plan year (defined bene	fit plans do not	5c	0				
d(1) Tota	al number of active p	participants at the beginning of the p	plan year	·	5d(1)	11				
		participants at the end of the plan y			5d(2)	0				
than 1	100% vested	at terminated employment during the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****************	5e	0				
Caution: A	penalty for the lat	e or incomplete filing of this retu other penaities set forth in the instr	rn/report will be assessed to	unless reasonable ca	use is established.	nlicable, a Schedule				
SB or Sche	dule MB completed rue, correct, and co	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and to the best of	my knowledge and				
SIGN	SOU	il a L les	12116	POUTLA	15 V G	4				
HERE	Signature of plan	administrator	Date	Enter name of individ	dividual signing as plan administrator					
SIGN	W. FEE		1-5246	Mary	WAY P CHATT					
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individ						
Preparer's	name (including firn	n name, if applicable) and address	(include room or suite numbe	r)	Preparer's telepho	one number				
ļ					{					

,	Form 5500-SF 2015		Page 2							
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 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 \[\begin{align*} \text{No} \end{align*}									X Yes X Yes	☐ No
Part		isurance p	rogram (see ERISA sec	JUI 40	ZI):	.,,,	162		MOL GOLO	
	In Assets and Liabilities		(a) Beginning	of Yes	r	Т		(b) End c	f Year	
	otal plan assets	7a	(a) Degiming	30234		1		(<u>0</u> /	71 1001	Ö
	otal plan liabilities	7b			0	1				O O
	et plan assets (subtract line 7b from line 7a)	0.000.00					0			
~	come, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) To	ital	
a c	ontributions received or receivable from:			22	184	-				
) Employers	8a(1)			990					
	2) Participants	8a(2)		01.	0	- 		5.1	7	7
$\overline{}$	Others (including rollovers) Ther income (loss)	8a(3) 8b		483	396	╁┈╴			· · · · · · · · · · · · · · · · · · ·	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u></u>			1			1225	70
	enefits paid (Including direct rollovers and insurance premiums					1	er gov		* 1 H - 1	
to	provide benefits)	8d		3146		╂-	<u> </u>		1.1.	
	ertain deemed and/or corrective distributions (see instructions)	80			0		1.0	·	<u>. :- :</u>	
	dministrative service providers (salarles, fees, commissions)	8f			0	1				
	Other expenses	8g	:			╁			31460)41
· Barrer van	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i							-30234	
	let income (loss) (subtract line 8h from line 8c)	Bi	<u> </u>							
Part		l oi	<u> </u>		0					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	ın Chai	acteris	tic Co	des in ti	ne instruc	lions:	
	2A 2E 2J 3D									
В	if the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plai	1 Chara	icterist	ic Cod	es in the	e instructi	DUS:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a fallure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	iduciary Correction	10a		х	ī			
b	Were there any nonexempt transactions with any party-in-interes			10b		х				
	Was the plan covered by a fidelity bond?				X			· · · · · · · · · · · · · · · · · · ·	······································	350000
	Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				4 -(************************************	330000
u	by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See Instructions.)	me or all o	f the benefits under	10ə		×				
f	Has the plan failed to provide any benefit when due under the plan			10f		х			74.W.	
g	Did the plan have any participant loans? (If "Yes," enter amount	***************************************		10g		×		04.00		
h		(See insti	ructions and 29 CFR	10h		Х				
ì	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	101				-1		
j	Did the plan trust incur unrelated business taxable income?	*********		10j	<u> </u>	Х				
Part										
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Ye	s X No
11a	Enler the unpaid minimum required contribution for all years from						11a	İ	·	
12	Is this a defined contribution plan subject to the minimum funding	g requiren	nents of section 412 of	the Coo	le or s	ection	302 of E	RISA?	Ye	s X No

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(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								
	inting the waiver		<u>Day</u>	·	Year				
	er the minimum required contribution for this plan year		1 2 b						
			12c	<u> </u>					
	or the amount contributed by the employer to the plan for this plan year			-					
	palive amount)		12d						
e Wil	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 Ha	s a resolution to terminate the plan been adopted in any plan year?	*****		X Y	es No				
	Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Sa (
of '	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou the PBGC?				X Yes [I	Vo.			
	luring this plan year, any assets or llabilities were transferred from this plan to another plan(s), identi ich assets or liabilities were transferred. (See Instructions.)				· · · · · · · · · · · · · · · · · · ·				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)			
					÷				
Part VII	Trust information		•						
14a Nan			14b	Trust's E	IN				
14c Na	me of trustee or custodian		14d Trustee's or custodian's						
		telephone number							
			<u> </u>						
Part IX	IRS Compliance Questions								
15a is	the plan a 401(k) plan?		Y	es	∏No				
15b If "	Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals are arctioning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer				PIACP			
tes	ne ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "titing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4)(2)(ii))?	401(m)-	□ Y	es	No	**			
	eck the box to indicate the method used by the plan to satisfy the coverage requirements under sec	L p	Ratio ercentaç est		erage efit test				
	es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cor s plan with any other plans under the permissive aggregation rules?		□ Y	es	No				
	is the plan been timely amended for all required tax law changes?			es	□ No	∏ N/A			
	ate the last plan amendment/restatement for the required tax law changes was adopted//_ tax law changes and codes).	Enter the a	pplicab	le code _	(See ins	tructions			
17c if t	he plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p lylsory letter, enter the date of that favorable letter / / and the letter's serial		ct to a	favorable	e IRS opinion	or			
17d If 1	the plan is an individually-designed plan and received a favorable determination letter from the IRS, determination letter / /	enter the date o	f the pl	an's last	favorable				
18 is	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgi	2) has been n Islands)?	. \ \ \ \ \ \ \ \	es	□ No				
19 W	ere in-service distributions made during the plan year?		. 🛮 Y	'es	No				
lf	"Yes," enter amount	#1+.000.0104074644461e4421	19	L		·			
20 W	ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of virtled), as required under section 401(a)(9)?	whether or not	,	'es	∏No	∏ N/A			